

COUNTY BOROUGH OF READING.

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# Annual Report

OF THE

Medical Officer of Health

FOR THE YEAR

1930.

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## HEALTH COMMITTEE.

HIS WORSHIP THE MAYOR (Councillor F. G. Sainsbury, J.P.)

### Aldermen.

FREDERICK ALFRED COX, J.P.  
JOHN RABSON, J.P.

ALBERT JAMES MAKER.

### Councillors.

ROLAND FREDERICK BISHOP.  
GEORGE WILLIAM COOK.  
HENRY DOWNING.  
WILLIAM HARTNETT, M.B., J.P.  
GEORGE HERBERT ROSE HOLDEN, M.A., M.D.  
(*Chairman*).  
HELEN CORNELIA HULEATT.  
ALICE JENKINS, J.P.

DAVID SAUNDERS JONES, M.R.C.S.  
LORENZO EDWARD QUELCH, J.P.  
(*Vice-Chairman*).  
LOUIS VICTOR SMITH, M.C.  
RICHARD JAMES VENNER.  
TOM JOHN WALDRON.  
DOROTHY ELEANOR WHEELER.  
HENRY WOOLDRIDGE.

## MATERNITY AND CHILD WELFARE COMMITTEE.

HIS WORSHIP THE MAYOR (Councillor F. G. Sainsbury, J.P.)

### Councillors.

ARTHUR FRANK CLARK (*Chairman*).  
REGINALD COLGATE, D.Sc.  
WALTER GEORGE GALE.  
WILLIAM HENRY GOSS.  
WILLIAM HARTNETT, M.B., J.P.  
GEORGE HERBERT ROSE HOLDEN, M.A., M.D.  
HELEN CORNELIA HULEATT. (*Vice-Chairman*).

ALICE JENKINS, J.P.  
DAVID SAUNDERS JONES, M.R.C.S.  
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WILLIAM MATHIAS NEWHAM.  
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ALBERT WILLIAM TUDOR.

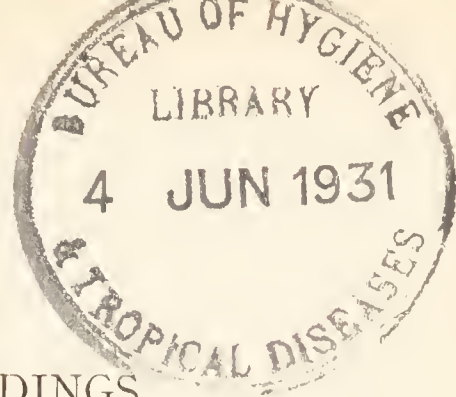
### Non-Members of the Council.

Miss M. MAPLESDEN, M.A

Mrs. K. SHORTER.

Mrs. F. F. WHITLEY





OLD COLLEGE BUILDINGS,  
ST. LAURENCE'S CHURCHYARD,  
READING,

*April, 1931.*

**TO THE MAYOR, ALDERMEN AND COUNCILLORS  
OF THE COUNTY BOROUGH OF READING.**

Ladies and Gentlemen,

I beg to submit the annual report on the health and sanitary circumstances of the borough for the year 1930.

The report is a statutory duty placed upon the Medical Officer of Health by the Sanitary Officers Order, 1926, and is prepared on lines laid down by the Ministry of Health. At the request of the Ministry the report includes information on certain matters in more detail than has been given in the reports for the last four years.

**Vital Statistics.**

*Population.*—The decennial census of the population will be taken during the present month. In the absence of exact information of the population it has been assumed that the estimate supplied by the Registrar-General for the year 1929 is substantially accurate and that the population of the borough at mid-year 1930 was 97,050 persons. It is noteworthy that the census this year will be taken during the vacation of the university and the various residential schools in the borough. As the 1921 census took place during term time the population on this occasion will show a substantial reduction in that respect.

*Birth Rate.* The birth rate for the year was 14.4 per 1,000 of the estimated population, the lowest rate ever recorded in the borough. The birth rate has declined without intermission since 1874, the earliest year for which we have accurate records.

*Death Rate.* The crude death rate for the year was 11.4 per 1,000 persons living. This is a considerable reduction on the rate of 14.1 recorded during the preceding year when there was a severe epidemic of influenza. Corrected for the age and sex distribution of the population the standardized death rate for the year is 9.9 per 1,000 of the population.

There is no special feature in the mortality returns for the year except that the cancer death rate continues to increase and that this disease proved more fatal than any other single disease. A short note on this subject is included in the report.

*Infantile Mortality.* The death rate of infants under one year was 54.8 per 1,000 births occurring during the same period. This is slightly higher than the corresponding rates during the past few years.

### **General Provision of Health Services in the Area.**

Recent legislation has placed upon local authorities the duty of making a careful survey of all the hospital and other medical services available for the area. A summary of these services shews the interesting fact that excluding private nursing homes there is normally available and in average use about 900 beds for the ordinary population of Reading. These beds include hospital beds for all medical, surgical, mental and infectious cases. There are constantly under treatment in institutions some ten persons for every 1,000 of the population.

The transfer of the institutional and other medical services of the late board of guardians has been completed without any interruption. The council is now responsible for the management of close on 400 beds in various institutions a number that is likely to increase.

It will thus be seen that the council are now important hospital managers and control the greater portion of all institutional accommodation for the physically and mentally afflicted.

I also submit a list of clinics which have been initiated by various committees of the council and of nursing, ambulance, and other auxiliary medical services.

### **Prevalence of, and Control over, Infectious Diseases.**

There was no unusual prevalence of the common infectious diseases during the year. Scarlet fever continues to be of a mild type and the majority of cases of diphtheria were also milder in type than in some recent years.

No case of smallpox was notified during 1930, but a limited outbreak has occurred during the present year.

It has been repeatedly emphasised in these reports that with smallpox prevalent in London and other south country areas the continued immunity of Reading from smallpox was unlikely to be maintained. At the date of this report it would appear that the disease has been brought under control but the possibility of the infection again gaining entrance to the borough continues.

The mortality from tuberculosis was notably less than in the previous year but is still higher than the average of recent years.

The returns of the venereal diseases clinic indicate a somewhat increased prevalence of both forms of venereal disease. Although part of this increase may be due to the clinic becoming better known and more popular it is probable that at least part of the increase is actual as similar increased prevalence is reported in other areas.

A short note is included in the report on the appearance of two diseases hitherto unknown in this area—glandular fever and undulant fever. Special observation will be maintained for the appearance of further cases of these diseases.



## **Maternal and Child Welfare.**

The report of the departmental committee on maternal mortality has given increased prominence to the importance of this subject. It will be seen from the records that Reading occupies a favourable position in this regard when compared with other urban areas. The Maternity and Child Welfare committee by the provision of hospital beds, consultants and pathologist services, and ante-natal supervision has done much to prevent the occurrence of these very regrettable cases. Further success in this field is only likely to be gained by the more extended use of already existing facilities. In conjunction with the Ministry of Health committee which is investigating this subject a special inquiry is made into each case of this nature occurring in the district.

Dellwood maternity home has now completed ten years of successful work and remains a very popular institution. Approximately one-sixth of all births occurring in the borough during this period have occurred at Dellwood. In view of the difficult housing conditions the existence of Dellwood has proved an inestimable boon to many mothers who would have great difficulty in providing for themselves otherwise.

The child welfare centres and the ante-natal clinic have well maintained the success of previous years and are now definitely established as important units in the social work of the borough.

## **Mental Deficiency.**

The shortage of suitable accommodation for mentally defective persons is an urgent problem in most areas. The committee for the care of the mentally defective has given serious consideration to this subject and has prepared a scheme which awaits the approval of the Ministry of Health. The attention of members of the council is drawn to the report by Dr. Taylor on this subject.

## **Inspection and Supervision of Food.**

On all sides the evidence indicates that increasing care is being given to the quality and manner of preparation of articles of food supplied to the public.

No prosecution for offences under the Sale of Food and Drugs Acts was undertaken during the year.

Kitchens of hotels and restaurants and places where food is prepared have been inspected and in general have been found to be well ordered and clean.

The examination of milk for the presence of living tubercle bacilli still indicates that there is ground for uneasiness. Over a period of years it is found that some ten per cent of milk can be expected to be infected in this manner. Samples of tuberculin tested and pasteurized milk have not been included in these examinations. The very numerous acts and orders relating to the sale of milk have given rise to some confusion in the public mind. The simplification and revision of this legislation which is under consideration would afford the public a clearer indication of milk that can be relied upon for cleanliness and freedom from infection.

### Housing.

The dominant feature of all questions concerning housing conditions continues to be the shortage of houses suitable for the working classes. Numerous cases of overcrowding continue to be reported and without technical overcrowding a very large proportion of the better working class houses are found to be occupied by two or more families.

Another feature that should receive the early attention of the committee is the letting of older houses of the better class in numerous separate tenements without the provision of adequate separate sanitary and other accommodation. Instances are given where such houses originally designed for one family now house as many as nine or more separate families.

Progress continues to be made in accordance with the policy of the committee in the closure and demolition of houses unfit for human habitation. Seventeen such houses were closed during the year, of which number seven were actually demolished.

The programme of the committee for the next five years provides for the erection of 2,000 additional houses on the Whitley estate and the closure in series of 235 houses now declared unfit for habitation.

### Appendix.

I have pleasure in submitting on page 71 *et seq*, a report on the study of the dietaries of a limited number of families in Reading by Professor E. G. Cathcart, F.R.S. This report is part of a wider investigation and is of more than ordinary interest.

I should like to express my indebtedness to all members of the staff for the zeal and loyalty with which they have carried out their duties.

I am,

Your obedient servant,

H. J. MILLIGAN,

*Medical Officer of Health.*



# Statistical Summary, 1930.

Area of borough (in acres) ... ..	9,106
Population (Census 1921) (Revised) ... ..	92,278
Population (estimated mid-year, 1929) (Registrar-General)	97,050
" " " " 1930 " "	§
Number of inhabited houses (Census, 1921) ... ..	20,924
Number of families or separate occupiers (1921) ... ..	22,805
Rateable value (October 1930) ... ..	£688,916
Sum represented by a penny rate (October 1930) ... ..	£2,773
Number of births registered ... ..	1,404
Legitimate ... ..	1,337
Illegitimate ... ..	67
Nett birth rate (per 1,000 of the population) ... ..	14.4
Average birth rate, preceding ten years ... ..	16.8
Number of deaths registered ... ..	1,114
Crude death rate (per 1,000 of the population) ... ..	11.4
Standardized death rate (per 1,000 of the population) ... ..	9.9
Average crude death rate, preceding ten years ... ..	11.3
Number of persons married ... ..	1,586
Marriage rate (per 1,000 of the population) ... ..	16.5
Number of infant deaths (under one year) ... ..	77
Infant mortality rate (per 1,000 births) :—	
Legitimate ... ..	54.6
Illegitimate ... ..	59.7
Total infant mortality rate (per 1,000 births) ... ..	54.8
Average infant mortality rate, preceding ten years ... ..	53.6
Tuberculosis death rate (per 1,000 of the population) { All forms	1.06
{ Pulmonary	0.96
Average tuberculosis death rate (preceding 10 years) { All forms	1.08
{ Pulmonary	0.92
Number of women dying in, or in consequence of, child-birth :—	
From sepsis ... ..	—
From other causes ... ..	3
Deaths from measles (all ages) ... ..	—
Deaths from whooping cough (all ages) ... ..	2
Deaths from diarrhoea (under 2 years of age) ... ..	3

§ On account of the approaching Census, population as shown for 1929 to be used for the purposes of this year.

**STAFF.****Medical Officer of Health.**

H. J. MILLIGAN, M.C., M.D., D.P.H.,  
of Gray's Inn, Barrister-at-Law.

**Tuberculosis Officer.**

H. R. MINKLEY, M.R.C.S., L.R.C.P.

**Medical Officers (part time) Maternity and Child Welfare**

AGNES BERNFELD, L.S.A., D.P.H.  
SIDNEY GILFORD, M.B., Ch.B.

**Visiting Medical Officer (part time) Park Hospital.**

E. W. ROWLAND, B.A., M.R.C.S., L.R.C.P.

**Medical Superintendent, Battle Hospital.**

D. CYRIL THOMAS, M.R.C.S., L.R.C.P.

**Resident Assistant Medical Officer, Battle Hospital.**

C. PONIEDEL, M.B., Ch.B.

**Medical Officer, Caversham district of Reading (Public Assistance).**

G. H. CHEYNEY, M.R.C.S., L.R.C.P.

**Public Vaccinator, Reading and Caversham Districts.**

F. W. STANSFIELD, M.D., D.P.H.

**Public Vaccinator, Tilehurst District of Reading.**

B. B. HOSFORD, M.B., B.Ch.

**Public Analyst.**

JAMES THOMPSON, D.Ph., F.I.C.

**Chief Sanitary Inspector.**

\* † JAMES DODD.

**Assistant Sanitary Inspectors.**

\* P. B. BROCK.  
† \* W. E. BOND.  
\* E. L. W. GEEN.  
\* G. G. GARDINER.

**Chief Clerk and Vaccination Officer.**

\* G. S. HAWTHORNE.

**Clerks.**

D. W. GOODALL.  
Miss J. R. SMITH (Tuberculosis Dispensary).  
Miss N. HULBERT (Maternity and Child Welfare Department).  
Miss K. CLAYDON-SMITH.  
E. A. SELLAR.  
F. A. K. STREETER.

**Chief Lady Health Visitor, Inspector of Midwives, and Visitor under the Mental Deficiency Act.**

\* ‡ MISS SARAH DUTTON.

**Lady Health Visitors.**

‡ MISS M. P. GREEN.  
‡ MISS E. A. BODDON.  
\* ‡ MISS E. F. WHEELER.  
\* ‡ MISS G. WHITE.

**Tuberculosis Nurses.**

\* MISS M. B. WARD.  
MISS D. WATSON.

**Matron Park Hospital.**

MISS SARA MELVIN.

**Matron Dellwood Maternity Home.**

‡ MISS IDA MAY COOPER.

\* *Certificate of Royal Sanitary Institute.*

† *Meat Inspector's Certificate.*

‡ *Certificate of Central Midwives Board.*

# County Borough of Reading.

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## VITAL STATISTICS.

**Population.** As the usual decennial census will take place at an early date the Registrar-General has not this year supplied his annual estimate of the population of the borough at mid-year 1930.

The Ministry of Health suggests that the estimate for the year 1929 might again be used unless there is any reliable local evidence available to form a more accurate estimate. The difficulties of arriving at a reasonably accurate estimate of population apart from an actual census have been emphasised in previous reports.

The migration of population beyond the borough boundaries is a matter of every-day comment. How far any such migration is offset by the entrance of new-comers and by the natural increase of population, there is no special means of ascertaining.

In the absence, therefore, of reliable means of accurately measuring the population before the date of the census it has been assumed that the population of the borough at the middle of the year 1930 was the same as that estimated for the preceding year, namely 97,050 persons.

The natural increase of the population represented by the majority of 1,404 births over 1,114 deaths during this period would be 290 persons.

The population of the borough will this year be reduced in respect of the university and school population. In 1921 the census was taken during term time whilst at the date of this year's census most of these institutions will be on vacation.

**Birth Rate.** The total number of births registered in the borough during the year 1930 was 1,526. Of this number 141 were children born of parents not normally resident in Reading whilst 19 children of Reading parents were born elsewhere.

The nett number of births, therefore, properly assigned to Reading is 1,404, which represents a birth rate of 14.4 per 1,000 of the estimated population.

It is interesting to note that the children born were almost equally divided in numbers as to sex, namely 703 male and 701 female.

If the census should prove that the population has increased instead of remaining stationary or decreasing, the birth rate will be correspondingly lower. In any event the evidence is that the trend of the birth rate is steadily downwards.

*Illegitimate Births.* Of the total births registered, 79 children—48 males and 31 females—were born illegitimate.



This number includes the births of 18 children whose mothers were domiciled in other areas whilst 6 illegitimate children of Reading mothers were born outside the borough.

There were, therefore, 67 Reading children born illegitimately during the year.

It will be seen that of all children born in the borough during the year 4·7 per cent. were illegitimate. This proportion of illegitimacy remains remarkably constant, the average for the past ten years being 4·9 per cent. of all births.

*Still-Births.* By the Births and Deaths Registration Act, 1926, it is now necessary to register the births of still-born children. The nett number of still-births registered was 47 or 3·3 per cent. of the total live births. The illegitimacy proportion amongst still-births was 6·3 per cent. which is somewhat higher than the corresponding proportion amongst all births.

**Marriage Rate.** There were 1,586 persons married during the year. This represents a marriage rate of 16·5 per 1,000 of the population.

**Death Rate.** During the year there occurred the deaths of 1,114 residents of Reading. This number provides for the exclusion of large numbers of non-residents who died in institutions in the borough and for the inclusion of the deaths of Reading residents who died elsewhere.

The number of deaths so calculated represents a death rate of 11·4 per 1,000 persons living.

This rate is very much lower than the rate of 14·1 per 1,000 recorded during the preceding year when there was a severe epidemic of influenza.

When considering death rates as a guide to health conditions in any area, allowance must always be made for the age and sex distribution of the population. In any population, for example, which includes a large proportion of elderly persons, a greater number of deaths is to be expected than would be the case if the population consisted mainly of younger people.

If, therefore, allowance is made for the fact that the proportion of persons at the more advanced ages is higher in Reading than is the average for similar populations throughout the country the standardized death rate for Reading becomes 9·9 per 1,000 persons living. This latter rate should be used in comparisons made with the whole country or any groups of large towns.

*Deaths in Public Institutions.* In view of the increased development and public control of institutions for the care of the sick, the record kept annually of deaths in public institutions is especially interesting. During the past year no fewer than 448 Reading residents died in such institutions, namely 241 in Battle hospital, 118 in the Royal Berkshire hospital, 26 in Park hospital, and 63 in institutions outside the borough.



That is nearly one-half of the total deaths occurred in public institutions, and a little over one-quarter in institutions controlled by the Council.

**Infantile Mortality.** The number of deaths under one year which occurred during the year was 77.

This represents an infantile mortality rate of 54.8 per 1,000 births occurring during the same period. Further consideration is given to this subject in another section of the report.

**Ward Mortality.** The populations of the various wards of the borough have altered so much in recent years that it is not possible to include any ward mortality returns until the result of the census is known. Details of deaths and causes of deaths allocated to wards are shewn in the table on pages 18 and 19.

**Comparative Mortality.** The value of the consideration of various mortality rates can only be appreciated when these rates are considered over a long period of years. The returns of any one year are not only of limited value but owing to the existence of exceptional circumstances might be definitely misleading. For that reason I again include the continuous record for a long period of years of certain vital statistics which are usually taken as the most valuable indication of the health conditions of any district.

TABLE I.

Period.	Birth rate.	Death rate.*	Infantile mortality.	Death rate from pulmonary tuberculosis.
1874-83 (average)	36.5	18.1	131.6	1.99
1884-93 do.	32.0	16.5	127.9	1.47
1894-1903 do.	27.1	14.1	133.7	1.13
1904-13 do.	22.7	12.1	99.2	1.01
1914-23 do.	19.0	12.7	73.2	1.05
1924	17.1	10.7	53.6	0.96
1925	16.0	11.1	56.3	0.79
1926	17.6	12.2	50.5	0.99
1927	15.3	12.3	42.5	0.89
1928	15.4	11.9	53.6	0.84
1929	14.9	14.1	50.5	1.10
1930	14.4	11.4	54.8	0.96

\* The death rates given are the crude death rates for each year.

From these returns one can hardly fail to arrive at a correct judgment of health progress during that period.

It is evident that for a period of over fifty years the birth rate has steadily declined and continues to decline.

As this experience is common to the whole country and to most European countries, the cause would appear to be in the racial and social conditions of modern civilization. It is a factor of national importance.

The three death rates quoted leave no doubt in the mind about the improved conditions of life during the same period.

The virtual elimination of certain types of disease and the improved social and economic standards which have been achieved have considerably increased the expectation of life at all ages.

A further table printed on page 15 gives an analysis of mortality for the whole country and certain groups of towns to which have been added the corresponding rates for Reading.

It has been mentioned that Reading contains a relatively high proportion of persons in the more advanced age groups.

For this reason the birth rate will be lower and the death rate higher than in a standard population. The standardized death rate is shown in the table. The lower birth rate will naturally tend progressively to increase the disproportion in the age groups.

The remaining rates quoted are, with one unimportant exception, all more favourable in Reading than in the rest of the country.

### CAUSES OF, AND AGES AT, DEATH.

Consideration of the causes of, and ages at, death is only important as an indication of the direction in which effort should be made to prevent or postpone the event of death.

The excess of mortality in infancy and the large amount of invalidity and mortality resulting from tuberculosis provided the stimulus for national movements for prevention in each of these spheres.

The large table on pages 18 and 19 gives a detailed analysis of the causes of deaths and the ages at which they occurred and the deaths have been allocated to the various municipal wards.

**Age at Death.** It will be noted in the table that 561 deaths, or just over 50 per cent. of the whole number, were of persons who had attained the age of 65 years and upwards.

The next largest group of deaths numbering 290 is naturally in the next highest age group, that from 45 to 65 years. It is found in fact that the large majority of the deaths in the latter group were those of persons approaching the higher limit of age, something approaching 75 per cent. of the total mortality occurred in persons at or near the allotted span.

Of the total mortality occurring at the active period of life from the ages of 15 to 45 years nearly one-half was due to tuberculosis alone.

**Causes of Death..** The causes of death are found each year to fall into fairly well-defined major groups of which cancer, organic heart disease, tuberculosis, bronchitis, and "other defined diseases" are the most important. Other defined diseases include such conditions as cerebral hæmorrhage, arterio-sclerosis and senile decay. With regard to the certification of the deaths of elderly persons there is considerable variation in the practice of different doctors. The manner of certification in these cases is unimportant. The real cause is the general degenerative changes which accompany advancing years and in the present state of our knowledge it is immaterial whether these changes are most evident in the heart, in the arteries or in the brain. Notwithstanding the various experiments in rejuvenation, the fact of old age will remain potent.



TABLE II.

BIRTH RATE, DEATH RATE, AND ANALYSIS OF MORTALITY DURING THE YEAR 1930.

(Provisional figures. The rates for England and Wales have been calculated on a population estimated to the middle of 1930, but those for the towns have been calculated on populations estimated to the middle of 1929. The mortality rates refer to the whole population as regards England and Wales, but only to civilians as regards London and the groups of towns).

	Rate Per 1,000 Total Popula- tion.		Annual Death Rate per 1,000 Population.										Rate per 1,000 births.		Percentage of total deaths.			
	Live Births	Still- births.	All causes	Enteric fever	Small-pox	Measles	Scarlet fever	Whooping cough	Diphtheria	Influenza	Violence	Diarrhoea & Enteritis (under 2 yrs.)	Total deaths under 1 year	Causes of death certified by registered Medi- cal Practitioners	Inquest cases	Certified by Coroner after P.M.	No Inquest. Uncertified causes of death	
England and Wales	16.3	0.69	11.4	0.01	0.00	0.10	0.02	0.05	0.09	0.12	0.55	6.0	60	90.4	6.9	1.7	1.0	
107 County Boroughs and Great Towns, including London.	16.6	0.71	11.5	0.01	0.00	0.15	0.02	0.05	0.10	0.11	0.50	8.3	64	90.6	6.6	2.3	0.5	
159 Smaller Towns (1921 Adjusted Populations 20,000-50,000).*	16.2	0.69	10.5	0.00	0.00	0.08	0.01	0.05	0.07	0.13	0.43	4.4	55	91.8	5.9	1.2	1.1	
London	15.7	0.56	11.4	0.01	0.00	0.23	0.02	0.03	0.10	0.08	0.55	9.9	59	88.3	7.4	4.3	0.0	
READING	14.4	0.48	†9.9	0.02	0.00	0.00	0.00	0.02	0.06	0.08	0.33	2.2	54	91.4	6.3	2.3	0.0	

\* By the creation of Llwchwr U.D. on the 1st April, 1930, and the extension of Sale U.D., on the 1st October, 1930, the number of smaller towns was increased to 159.  
 † "Standardized" death rate.

With regard to cancer and tuberculosis other considerations are important.

**Cancer.** During the year cancer proved more fatal than any other single disease, no fewer than 149 deaths being assigned to this cause. In the preceding year and in many recent years the disease achieved the same unenviable distinction. The unknown factors attaching to the origin of cancer and the lingering and often painful nature of the illness, not less than the frequency of its incidence, will continue to compel public attention to this disease.

The following short table will indicate the trend of the cancer death rate per 1,000 persons living over a period of years :—

TABLE III.

Period.	Reading.	England and Wales.
1886-1895	0.73	0.66
1896-1905	0.89	0.82
1906-1915	1.00	0.99
1916-1925	1.28	1.21
1926	1.50	1.36
1927	1.27	1.37
1928	1.33	1.42
1929	1.56	1.43
1930	1.53	—

It will be seen that the cancer death rate has progressed steadily upwards during the period under review both in Reading and in England and Wales and that the rate for Reading appears relatively higher throughout.

This general statement should be read in the light of other knowledge of the subject which we possess.

Cancer is a disease of the more advanced ages. From the fact that more people attain the cancer age it follows that more deaths from cancer are to be expected. For the same reason the Reading death rate from cancer would naturally be higher than that for the whole country. There is much uninformed discussion of the prevalence of cancer in any particular place.

Although one death in six of all persons who died in Reading last year over the age of 45 years was due to cancer there is no reason to suppose that cancer is more prevalent in Reading than in other areas.

The advance of medical knowledge and the use of modern apparatus has rendered the diagnosis of cancerous diseases more accurate than in earlier years.

Both of these factors account for an apparent rather than a true increase of cancer and it is a matter for further investigation to ascertain how much, if any, real increase in the prevalence of cancerous diseases has occurred.



Obviously no very marked progress has been made in the prevention of cancer and no specific cure has been found, although research is being conducted on a national basis in this and other countries. The irritation of some mineral oils has been found to be a definite cause of cancer in certain trades and cancer can be experimentally produced in animals by this means. That particular form of the disease will thus be eliminated in the same manner that chimney-sweep's cancer has already disappeared. Except as affording proof of one method of producing malignant disease these facts will remain unimportant as regards the great majority of cases of cancer and the manner of their production.

Two main factors appear to be concerned in the production of cancer, namely, previous local disease, injury or irritation, and personal susceptibility. From knowledge of the sites in which the disease occurs like the stomach and intestines, and in the case of females the uterus and breast the former would appear to be the more important predisposing cause. Personal susceptibility can, however, be inferred from the fact that it is possible to breed strains of mice large proportions of which will succumb to cancer and other strains which will in the main remain immune.

Although many remarkable results have been achieved by the use of radium, early recognition of the disease and early removal by the surgeon still offers the best hope of cure.

In the case of cancer in easily accessible places like the breast the results shewn by observation over a long period of years are that the disease can be eradicated and the patient permanently cured.

The role of the public health authority in dealing with the cancer problem presents difficulty. At the moment it would appear to be limited to the education of the public in the importance of early recognition of the disease and its early treatment. In some areas cancer clinics have been instituted for this purpose but it is possible that at the present juncture such steps might create an apprehension that would not be justified by the results.

**Tuberculosis.** There were 93 deaths due to pulmonary tuberculosis and 10 to other forms of tuberculous disease.

Although the number of deaths due to tuberculosis is less than that of the preceding year when the influenza epidemic was responsible for an increase in the deaths due to the acute form of the disease, the number was still higher than the average of recent years.

**Deaths from violence.** The number of deaths resulting from violent causes during the year was 46, including the deaths of 13 persons who committed suicide. The numbers of violent deaths due to accident and to suicide are both notably less than in the year 1929 but both are higher than the average number of deaths due to these causes in recent years.

## CAUSES OF, AND AGES AT, DEATH, 1930.

CAUSES OF DEATH.				All Ages.	Under 1 yr.	1—2 yrs.	2—5 yrs.	5—15 yrs.	15—25 yrs.	25—45 yrs.
<b>All causes.</b>										
	Certified	...	...	1113	77	5	8	25	34	114
	Uncertified	...	...	1	—	—	—	—	—	—
1	Enteric Fever	...	...	2	—	—	—	—	—	1
2	Small Pox	...	...	—	—	—	—	—	—	—
3	Measles	...	...	—	—	—	—	—	—	—
4	Scarlet Fever	...	...	—	—	—	—	—	—	—
5	Whooping Cough	...	...	2	2	—	—	—	—	—
6	Diphtheria and Croup	...	...	6	—	—	2	3	—	1
7	Influenza	...	...	8	—	—	—	—	—	1
8	Erysipelas	...	...	1	1	—	—	—	—	—
9	Phthisis (Pulmonary Tuberc'sis)	...	...	93	1	—	1	1	15	46
10	Tuberculous Meningitis	...	...	5	—	2	1	2	—	—
11	Other Tuberculous Diseases	...	...	5	—	—	2	—	1	1
12	Cancer (Malignant Diseases)	...	...	149	—	—	—	1	—	7
13	Rheumatic Fever	...	...	8	—	—	—	1	—	4
14	Meningitis	...	...	3	—	—	—	1	1	—
15	Organic Heart Disease	...	...	142	—	—	—	1	1	6
16	Bronchitis	...	...	84	—	1	—	—	—	3
17	Pneumonia (all forms)	...	...	54	17	2	—	4	—	2
18	Other Diseases of Respiratory Organs	...	...	20	2	—	—	—	—	1
19	Diarrhoea and Enteritis	...	...	3	3	—	—	—	—	—
20	Appendicitis and Typhlitis	...	...	3	—	—	—	1	—	2
21	Cirrhosis of Liver	...	...	8	—	—	—	—	—	—
21a	Alcoholism	...	...	—	—	—	—	—	—	—
22	Nephritis and Bright's Disease	...	...	31	—	—	—	1	—	1
23	Puerperal Fever	...	...	—	—	—	—	—	—	—
24	Other Accidents and Diseases of Pregnancy	...	...	3	—	—	—	—	—	3
25	Congenital Debility & Malfor- mation (including premature birth)	...	...	39	39	—	—	—	—	—
26	Violent deaths (excluding suicide)	...	...	33	1	—	1	2	4	10
27	Suicide	...	...	13	—	—	—	—	1	2
28	Other defined diseases	...	...	393	10	—	1	7	11	21
29	Diseases ill-defined or unknown	...	...	6	1	—	—	—	—	2
Totals ...				1114	77	5	8	25	34	114
Sub-headings included in above :										
	Cerebro-spinal fever	...	...	1	—	—	—	—	1	—
	Poliomyelitis	...	...	—	—	—	—	—	—	—
	Broncho-pneumonia	...	...	10	3	2	—	—	—	3
	Venereal Disease	...	...	—	—	—	—	—	—	—
	Cerebral hæmorrhage	...	...	69	1	—	—	—	—	2
	Arterio Sclerosis	...	...	87	—	—	—	—	—	—
	Senile Decay	...	...	48	—	—	—	—	—	—
	Tetanus	...	...	—	—	—	—	—	—	—
	General Paralysis of Insane...	...	...	—	—	—	—	—	—	—
	Aneurism	...	...	—	—	—	—	—	—	—
	Locomotor Ataxy	...	...	1	—	—	—	—	—	—
	Encephalitis Lethargica	...	...	—	—	—	—	—	—	—
				216	4	2	—	—	1	5

\* 241 died in Battle hospital, 118 in Royal Berkshire hospital, 26 in Park hospital and 63 in various mental and other institutions outside the borough.



Allocated to Municipal Wards.														Deaths in Institutions.	
65 yrs. and upwards	Abbey	Battle	Castle	Caversham	Church	East	Katesgrove	Minster	Redlands	Tilehurst	Victoria	West	Residents of Borough	Non-Residents of Borough.	
561	39	120	54	143	134	125	121	41	69	131	53	83	448	178	
—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	
—	—	—	—	—	1	—	1	—	—	—	—	—	2	1	
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
—	—	—	—	1	—	—	—	—	—	1	—	—	2	—	
—	—	—	—	—	—	—	1	—	—	5	—	—	6	1	
3	—	2	—	2	2	—	2	—	—	—	—	—	—	—	
—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	
5	5	12	2	12	7	7	12	6	8	10	6	6	46	4	
—	—	1	—	1	1	—	—	1	—	1	—	—	3	3	
1	—	1	—	1	—	1	1	—	—	1	—	—	3	5	
91	4	14	9	11	18	26	15	4	8	18	13	9	69	36	
1	—	1	—	—	2	—	—	2	2	1	—	—	5	1	
—	—	—	1	—	1	—	1	—	—	—	—	—	2	1	
98	2	16	8	21	22	15	18	1	9	13	6	11	28	3	
66	4	11	7	10	7	11	10	4	4	4	5	7	34	1	
18	1	1	5	5	11	3	6	4	2	8	4	4	18	9	
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
13	—	5	—	—	2	—	6	1	—	2	2	2	4	—	
—	—	—	—	—	—	—	2	—	—	1	—	—	—	—	
—	—	—	1	1	—	—	1	—	—	—	—	—	4	3	
2	—	—	—	2	1	1	—	1	—	2	—	1	3	1	
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
14	2	3	1	4	4	5	3	—	4	1	—	4	16	19	
—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	
—	—	—	—	—	—	—	1	—	—	1	1	—	3	5	
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
—	1	5	3	2	4	1	4	2	3	8	2	4	5	5	
9	—	5	2	5	4	2	2	2	3	3	3	2	14	11	
1	1	1	—	3	2	3	—	1	1	1	—	—	—	—	
237	19	43	15	62	44	50	33	12	25	46	11	33	180	67	
2	—	—	—	—	1	—	2	—	—	3	—	—	—	1	
561	39	121	54	143	134	125	121	41	69	131	53	83	*448	†178	
—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
2	—	2	2	1	—	—	—	1	1	3	—	—	—	—	
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
3	43	2	2	15	7	8	7	3	7	5	2	9	—	—	
3	74	3	18	2	11	9	4	2	8	12	—	6	—	—	
2	46	3	5	3	4	4	2	—	4	8	3	3	—	—	
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
1	163	8	27	9	37	23	22	13	6	20	28	5	18	—	

died in Battle hospital, 152 in Royal Berkshire hospital and 24 in various institutions in the borough.

## GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

### Local Government Act, 1929.

The Local Government Act, 1929, came into force on April 1st, 1930. By this act all the functions including the medical duties previously carried out by boards of guardians were transferred to the councils of counties and county boroughs.

It was a matter of primary importance that this transfer should be effected without any hiatus or breakdown in the arrangements made for the relief of the poor and the medical care of the sick. At the same time full use was made of the opportunity to co-ordinate these functions with similar functions already exercised by the council.

It was a matter of common knowledge that a more generous spirit had animated the administration of the poor law in recent years. The element of repression was rapidly vanishing in the light of the knowledge that much of the destitution with which the guardians were called upon to deal arose as the immediate result of sickness.

The same factor had been responsible for the development to a very high degree of efficiency of the medical services for which boards of guardians were responsible.

It has become increasingly evident that with the development of medical science the cost of the various services which are directed to the diagnosis and cure of disease is definitely beyond the means of any but the well-to-do. A prolonged illness or a surgical operation places a serious financial burden on the ordinary family. Private nursing homes must of necessity be costly institutions, the comparatively small number of beds available rendering the cost per patient relatively high. The development of contributory schemes and private wards in voluntary general hospitals is evidence of a desire to meet this situation.

In the municipally controlled hospitals the patients are assessed to pay such proportion of the cost of their maintenance as their means indicate that they can afford. The circumstances of each patient are inquired into by a committee appointed for the purpose.

A primary step in the development of the council's scheme under the Local Government Act was the appropriation of the hospital portion of Battle infirmary and its constitution thereby as a hospital under the Public Health Act. This step renders the hospital an institution legally differing in no sense from other hospitals like Park hospital or Dellwood maternity home which have been initiated and controlled by the council. The hospital ceases to be an institution subject to the provisions of the Poor Law and patients admitted to the wards are no longer Poor Law patients.

A further step taken by the council was to change the name of the institution from Battle infirmary to Battle hospital and to place the management of the whole institution under the charge of the Health committee.



These steps are more than formal compliance with legal requirements. When it is realized that the disappearance of graduated scales of punishment and the like have only taken place in very recent years it will be realized how different was the spirit of the administration of the older poor law institutions from that which governed the direction of an ordinary hospital. An atmosphere of prejudice had gathered round poor law hospitals which has not yet entirely disappeared. Emphasis tended to be laid upon the fact that a person had become chargeable to the poor law rather than upon the illness which was the cause of his dependance. The nature of the illness is the only matter for consideration when a patient is admitted to a voluntary hospital or to a council institution for the treatment of tuberculosis or any other disease. The fact that these latter classes of patients would in many cases be unable to provide the necessary treatment for themselves was unimportant.

Each year it has been customary to publish in this report the number of persons who die in public institutions. As has been stated in a previous section of the report nearly one-half of all deaths occurring last year occurred in public institutions. This fact is simply further evidence of the preceding statement that serious illness such as is likely to involve death cannot be dealt with in the homes of a very large section of the population.

A further intention of the Local Government Act is that all assistance which can lawfully be provided otherwise than by way of poor relief shall be so provided.

For many years parliament has been extending the powers of county and borough councils to make provision for certain classes of sick or infirm persons. The act encourages councils and may require them to use these powers rather than to depend on agencies previously available through the operation of the poor law. For example, it was no unusual practice that persons suffering from tuberculosis in an advanced stage, women about to be confined, and persons mentally defective in greater or less degree, might be treated in the same institution without adequate means of separation. For some years legal powers have been available to councils to make provision for each of these classes of patients separately.

Reading Borough Council has declared under the Act that these special legal powers shall be used in the following cases under the Acts indicated :—

The Public Health Acts, 1875-1926—to provide hospital treatment for persons suffering from notifiable infectious disease.

Maternity and Child Welfare Act, 1918—to provide hospital treatment for pregnant women and to provide milk and other foods for expectant and nursing mothers and for children under three.

Public Health (Tuberculosis) Act, 1921—to provide hospital and sanatorium treatment for persons suffering from tuberculosis in any form.

The Education Act, 1921—to provide for the care of children boarded-out in homes.

The appropriation of the hospital section of Battle Hospital referred to above extends the powers given by these special acts of Parliament and enables the council in effect to deal with any sick person otherwise than through the agency of the Poor Law.

In two cases the resources available to the council have prevented the use of special powers conferred by two acts of Parliament, namely :—  
The Mental Deficiency Act, 1913, and  
The Blind Persons Act, 1920.

The problem presented by the case of mentally defective persons has been recognised to be of great importance and to be increasing.

The absence of any institutional accommodation, other than the poor law side of Battle hospital, for the segregation of mental defectives has precluded the council from taking any action under this special act. It should be understood that a declaration under the Local Government Act creates a legal obligation on the council to provide necessary institutional treatment for mentally defective persons in institutions provided for the purpose, apart from institutions provided for the relief of the poor. At present there are some 66 mental defectives in Battle hospital and 60 in various other institutions.

The Mental Deficiency committee of the council has at present on hand a comprehensive scheme to meet the obligation imposed by the act.

The duties under the Blind Persons Act are exercised on behalf of the council by the Reading Association for the Welfare of the Blind in conjunction with the blind persons sub-committee of the Health committee. All financial assistance, arrangements for special training and for training in pastime occupations, etc., are divorced from the poor law and are administered by the council. Only in respect of institutional provision has the council been unable to exercise its special powers. It is probable that the absence of this provision for blind persons creates no hardship at the present time.

## HOSPITALS.

In view of the foregoing considerations imposed by the passing of the Local Government Act, the following report on Battle hospital by Dr. D. Cyril Thomas, Medical Superintendent, is of special interest :—

**Battle Hospital.** “ The institution occupies an extensive site covering some thirty-six acres in the west end of the town, and opening into the main Oxford road. The buildings originally constituted the Reading workhouse, and served the borough under that name until the great war, when they were evacuated and converted to military purposes as the Reading No. 1 War hospital. There is little doubt that this conversion demonstrated to the board of guardians what could be done with the institution by departing from the old precepts of poor law and setting up a hospital regime.



The first step after the war was the appointment of Dr. Guilding as Medical Superintendent and master, and Miss Slack as matron, in place of the old method of control by a married couple as workhouse master and matron. This was done in 1921, and the name of the institution was changed to Battle Infirmary. A change of atmosphere was immediately apparent. This spirit has been fostered ever since, in deference to the undoubted fact that the bulk of the people occupying the institution are there through physical or mental disability and not through sheer worthlessness. These people received under the poor law a label of pauperdom which was totally false, and it must be recorded in favour of the late board of guardians that they took an enlightened view and eradicated the stigma as far as the poor law would allow them.

During the last five years of their existence, the board undertook extensive works in road-making, electrification, engineering, automatic telephone installation, general re-equipment and renovation. An efficient ambulance service was set up. A scheme of co-operation with the Royal Berkshire hospital was instituted, which made it unnecessary for any person resident within the borough to be compelled to wait for any length of time for a general surgical operation. The old system of district medical officers working independently was abandoned in favour of a central out-patients department run by the indoor staff, which step had an immediate effect in overcoming prejudice among the sick poor outside. A certain number of essentially "workhouse" inmates were boarded out at the Wallingford and Basingstoke institutions in order to ease the situation with regard to beds. Steps were taken to erect new casual wards well away from the institution, thus removing a class of person which however deserving or otherwise in itself, is from the hospital point of view highly undesirable. The congregation of tramps outside the institution has probably done more than any other one thing to perpetuate the workhouse atmosphere. A modern x-ray diagnostic department was built and equipped, and ultra-violet radiation apparatus included in it. Vita-glass balconies were built to house tuberculous patients. The whole of the sick wards were equipped with wireless.

The operation of the Local Government Act, 1929, has given an added impetus to the progress outlined above. Changes became possible which had previously been surrounded with the unsurmountable obstacles of hide-bound poor law. The Reading Corporation seized the opportunity of making the fullest public use of the institution by placing it under the governance of the Health committee. The buildings housing the sick and infirm were appropriated as a hospital under the Public Health Acts, and the remainder, though strictly falling under the purview of public assistance, were placed under the management of the Health committee also. The whole was thus converted to a hospital unit, and the name once more changed to Battle hospital. The next important step was the deletion of the relieving officer as the necessary medium between a sick person and a bed in the hospital. The Medical Superintendent is now in direct touch with outside practitioners for the purpose of admitting their patients, and informs them of what has happened to their patients during their stay. As a corollary to this, enquiries as to the ability or otherwise of patients and their relatives to pay costs of maintenance, are made at



the hospital and not through the relieving officer. The hospital is now in process of fitting itself into the medical services already maintained by the corporation.

The hospital buildings fall naturally into two groups lying on either side of a main road running due north from the Oxford road entrance. Those on the left comprise the appropriated hospital, and consist of the following buildings :—

*Committee Room Block*—Containing a large committee room and lecture rooms for nurses.

*Block A*—83 beds for sick men.

*Centre Block*—Containing the operating theatre suite, a maternity department of 8 beds, the x-ray department, dispensary and administrative offices.

*Block B*—82 beds for sick women.

*Block C*—For aged and infirm patients, containing 62 male and 44 female beds, temporary quarters for the resident assistant medical officer, and a roof overflow flat for night nurses.

*Mortuary and Post-Mortem Room*—A separate, secluded and exceptionally well-designed unit.

*Nurses Home*.—A permanent building to house the matron and 23 day nurses, and a separate temporary building housing 14 night nurses.

These buildings are modern and well laid out.

On the right of the main road are the older buildings, in the following order from south to north :—

*Casual Wards*—These wards have now been closed, casuals being dealt with at the new institution at Woodley. Proposals are under consideration for the construction of a new out-patient department and health centre to deal with infant welfare and school children.

*Block H*—Containing 114 beds for so-called able-bodied men, most of whom have in fact some disability. In this block also are the male mental wards, containing 38 beds, and the general offices.

*Administrative Block*—Composed of the Medical Superintendent's house, main dining hall, kitchens, bakehouse, stores, boiler house, steriliser house and fitting shop.

*Block F*—Housing 102 so-called able-bodied women. Nearly all of them show some physical or mental disability. It also contains the matron's linen-stores and sewing-rooms.

*Block D*—Containing 30 beds for female lunatics.

*Laundry Block*—This is a newly built and equipped unit, through which are passed some 9,693 articles weekly.

The main entrance is flanked on either side by receiving wards. The remainder of the site is largely reclaimed marsh land. It is laid out as market garden and recreation grounds. It serves the purpose of keeping occupied such persons as are able to work, and of supplying the hospital with fresh eggs and garden produce. Any surplus is sold at current market prices.

The medical work which falls to the lot of this hospital is mainly of the chronic variety, but there is a decided and maintained increase in the amount of acute work done. The following figures are taken from the returns for the year ending 31st December, 1930, and will give a general indication of the amount and variety of the hospital's activities.

Total number of beds	...	...	...	...	580
Total number of beds appropriated for hospital purposes					279
Total number of admissions for the year (of whom 852 were sick, infirm or mental)	...	...	...	...	1108
Total discharges	...	...	...	...	846
Total deaths	...	...	...	...	245
Number of operations	...	...	...	...	134
(76 were admitted under the co-operative scheme with the Royal Berkshire hospital)					
Maternity cases	...	...	...	...	16
Out-patients' department—patients seen			...	...	1207
			Domiciliary visits paid	...	529

Mental cases—Of 54 admitted, 44 were sent to the Berkshire Mental hospital.

The hospital is well equipped for general medicine and surgery, midwifery and diseases of women. There are no established beds for sick children, but these are set up as required in the general wards and side-wards. There are no special departments for ophthalmic, oto-rhinological and other branches, these being adequately provided for at the Royal Berkshire hospital. Battle hospital has been a full training school for nurses recognised by the General Nursing Council for England and Wales for some years. During the last five years, of 38 nurses entered for the final examination, 31 were successful at the first attempt.

In general, the policy of the hospital is to make adequate provision for such classes of patients as find their way to it, without expensive and unnecessary reduplication of services provided elsewhere."

### Royal Berkshire Hospital.

I am indebted to Mr. F. A. Lyon, Secretary and House Governor of the Royal Berkshire Hospital for the following information with regard to the number and classification of beds available at that hospital :—

					<i>Male.</i>	<i>Female.</i>	<i>Total.</i>
Medical	...	...	...	...	28	30	58
Surgical	...	...	...	...	84	87	171
Children	...	...	...	...	—	—	23
Ophthalmic	...	...	...	...	6	10	16
Venereal Diseases	...	...	...	...	4	4	8
Ear, Nose and Throat			...	...	6	10	16
Tonsil and Adenoid Cots			...	...	—	—	12
Maternity (abnormal cases only)			...	...	—	—	7
Isolation	...	...	...	...	—	—	7
							—
							318
							—

It should be remembered that the hospital serves the major portion of the county of Berkshire as well as parts of the counties of Oxford, Hants, Bucks and a small portion of Surrey. The population of these areas with the County Borough of Reading represents a total of some 300,000 persons of whom approximately one-third can be taken to be the population of Reading.

Owing to the greater ease of access it is found that Reading uses the hospital to a greater extent than is represented by their proportion of the population of the hospital area.

Reading patients constituted practically one-half of the total number of in-patients treated at the hospital during the year.

The total of 318 beds at the hospital includes 60 beds at the Blagrove Branch Hospital and 15 beds for paying patients at Greenlands Home. These latter are available to patients at a charge of four to six guineas a week.

Apart from Greenlands, it may be taken that approximately one-half the bed accommodation, that is 150 beds for all medical and surgical purposes is used by the ordinary population of Reading.

The Borough Council has special agreements with the hospital for the treatment of cases of venereal disease, for the treatment of complications of pregnancy and parturition, and for the operative treatment of tonsils and adenoids.

Although no agreement exists, all orthopaedic cases which come to the knowledge of the Maternity and Child Welfare and Education committees are treated at the special orthopaedic clinic, held weekly at the hospital and special examinations are undertaken at the pathological department there.



In addition to the usual medical and surgical establishment, the following special departments are available, x-ray and ultra-violet ray, electro-therapeutic and massage department, radium treatment and the pathological department.

### **Park Hospital.**

The Park hospital was established for the isolation and treatment of infectious diseases, principally scarlet fever and diphtheria. Extensions during recent years have enabled the hospital to extend the scope of its activities and to provide for the care of persons suffering from pulmonary tuberculosis.

The eight single-bed cubicle wards have also been available for the isolation of any unusual cases of infectious disease like cerebro-spinal fever and encephalitis lethargica as well as severe cases of measles and whooping cough for whom suitable provision cannot be made at home. The total number of beds in the hospital is 78.

### **Dellwood Maternity Home.**

This municipal maternity home has 16 beds, including two isolation beds for the care and treatment of normal cases of labour. The institution has been a marked success and has been used to the utmost of its capacity.

### **Whitley Smallpox Camp.**

This camp is a temporary building providing accommodation for five patients based on a floor area to provide 144 square feet per bed. It has been recognised to be unsuitable and inadequate and other arrangements have now been made for the isolation of patients suffering from smallpox.

### **Sanatorium Beds.**

The corporation have not themselves provided beds for the treatment of early cases of tuberculosis. No difficulty has been found in obtaining beds at various sanatoria as required. The average number of beds rented during the year at these sanatoria has been 22.

### **Hospitals for Mental Diseases and Mental Deficiency.**

The Berkshire Mental hospital was provided by the counties of Berks and the boroughs of Reading, Newbury and Windsor.

The average number of patients in the hospital is about 860 of whom 280 are Reading patients.

The Council has not itself provided any institutional accommodation for persons certified under the Mental Deficiency Acts. At the present time 60 Reading defectives are provided for in institutions maintained by other authorities and there are 66 temporarily housed in the poor law section of Battle hospital. This latter accommodation is unsuitable for certified mental defectives.

### Hospital Accommodation Summary.

<i>Name.</i>	<i>Purpose.</i>	<i>No. of Beds.</i>	<i>Management.</i>
Battle Hospital ...	General ...	279	Borough Council
*Royal Berkshire Hospital	General ...	150	Voluntary Board
Park Hospital ...	Infectious diseases ...	78	Borough Council
Dellwood Maternity Home	Maternity ...	16	„ „
Whitley Camp ...	Smallpox ...	5	„ „
*Various Sanatoria ...	Tuberculosis ...	25	Various
*Berkshire Mental Hospital	Mental diseases ...	280	Joint Hospital Committee
*Various Institutions ...	Mental Deficiency ...	60	Various Local Authorities
Total accommodation ...		893	

\* The institutions so marked provide accommodation for other areas in addition to Reading. The number of beds given in the table is that normally occupied by Reading patients.

The nature and extent of the accommodation provided for special conditions like diseases of the ear, throat and nose, eye diseases, and venereal disease is indicated in the special note with regard to each institution.

### *Clinics and Treatment Centres :—*

The following clinics and treatment centres are in operation in the borough :—

Infant Welfare Centre	Star Lane, London St.,	Wednesday and Friday.
„	Elm Park Hall ...	Tuesday (morning and afternoon).
„	*Weston Mead, Caversham	Thursday.
„	St. Barnabas' Hall,	
„	Shinfield	Thursday
„	Park Institute ...	Friday
„	Village Hall, Tilehurst	Monday
Ante-Natal Clinic ...	Star Lane, London St.,	Tuesday (two sessions)
Tuberculosis Dispensary	1, London Street ...	Daily
Venereal Diseases Clinic	Royal Berkshire Hospital ...	Wednesday and Saturday.

\* This clinic has now been transferred to the West Memorial Institute, Gosbrook Street, Caversham.

*The Education Committee's clinics are :—*

Inspection clinics, twice weekly	...	...	...	...	} Held at Reading Education Committee Offices, Blagrove St.
Minor ailments clinic, daily	...	...	...	...	
Dental clinic, daily	...	...	...	...	
Clinic for errors of refraction, twice weekly	...	...	...	...	
X-ray clinic for treatment of ringworm, once weekly	...	...	...	...	
Aural clinic, twice weekly	...	...	...	...	
Operating clinic for tonsils and adenoids, once monthly at the Royal Berkshire Hospital.					

*Maternity and Nursing Homes :—*

There are 15 nursing homes registered under the Nursing Homes Registration Act, 1927. The total accommodation for patients in these homes is 88 beds. One home with 12 beds is a charitable institution controlled by voluntary agencies. Of the remainder, two large homes with 33 beds receive mainly surgical cases, and one with 10 beds is devoted chiefly to the reception of neurasthenic and incipient mental disorders.

Four homes with a total of 14 beds receive principally maternity cases.

One small home was closed voluntarily during the year and no new applications for registration were received.

*Nursing in the Homes :—*

The Queen Victoria Nursing Institute and the Caversham District Nursing Association undertake all the professional nursing in the homes in the borough. The staff of the former consists of the Superintendent and 11 nurses, 5 of whom are practising midwives. The latter has a senior nurse in charge and 2 assistant nurses, one of whom is a certified midwife.

Both institutions are in part subsidized by the borough council. A special agreement exists to provide for the nursing of puerperal fever and ophthalmia neonatorum.

Both institutions assist the corporation in the district training of pupil midwives undergoing their course of training at Dellwood maternity home.

No special arrangements are in force to provide for the nursing of cases of infectious disease in their own homes.

The Reading Council of Nursing Services has arranged for skilled nursing as an additional benefit of certain approved Societies under the National Health Insurance Act.

There are 28 midwives practising on the district of whom 8 are employed by the nursing associations. There are 10 independent midwives in practice, and 10 are employed by public or private nursing homes.

The local authority has made no provision for the direct employment of midwives or for the subsidy of midwives practising in the area. No such provision appears to be necessary.



### Poor Law Medical Out-Relief.

Prior to the passing of the Local Government Act, the board of guardians had made provision for the re-arrangement of the out-door medical service.

Three outdoor medical officers were due to retire and advantage was taken of this opportunity to co-ordinate more closely the indoor and outdoor medical work of the Guardians. The Medical Superintendent and the Assistant Medical Officer of Battle hospital became responsible for the out-patient department of the hospital and for the district embraced by the old Borough of Reading and Tilehurst.

Dr. Cheyney continued to be responsible for the Caversham district of the borough. Reference to the working of these arrangements will be found in the report of the Medical Superintendent of Battle hospital.

There is no institutional provision for unmarried mothers, illegitimate infants and homeless children other than that provided by the poor law.

### Ambulance Facilities.

The ambulance service of the area is sufficient for all purposes, and is as follows :—

	For infectious cases.	For non-infectious and accident cases.
Reading Corporation	Motor Ambulance*	
do.	do.	For all work at Battle hospital.
Watch Committee	—	Motor ambulance in charge of the police.
Royal Berkshire hospital	Two motor ambulances for all the work of the hospital, and for emergencies when required.	
British Red Cross	—	Two ambulances, available to the public.

\* An auxiliary horse-drawn vehicle is also retained for emergencies and for cases of smallpox.

### Laboratory Work.

The bacteriological work carried out during the year and the results of the examinations are as follows :—

	Positive.	Negative.	Total.
For the detection of the tubercle bacillus	85	340	425
For the detection of the diphtheria bacillus Health Department and Park Hospital ...	... 171	... 576	... 747

Bacteriological and blood examinations for the diagnosis of venereal diseases is included in the venereal diseases agreement with the Royal Berkshire hospital. These examinations are now carried out under the agreement at St. Thomas' hospital, London.

The bacteriological examination of milk for the purposes of the Milk (Special Designations) Order and for the detection of the tubercle bacillus is carried out at the Research Institute, Reading University. The results of these examinations will be found in another section of the report.

**Chemical Work.** The chemical work required for the purposes of the Sale of Food and Drugs Acts is carried out by Mr. James Thompson, D.Ph., F.I.C., Agricultural Analyst at Reading University, who is the public analyst for the Borough of Reading. Details of the results of his examinations will be found on page 62.

### Local Acts, Adoptive Acts, Byelaws, etc.

(a) **Local Acts.** There are numerous local acts and orders dealing more or less with health matters. These date from 1826 onwards. The most important of these are the Reading Corporation Act, 1881, which provides *inter alia* for the notification of measles.

The Reading Corporation Act, 1914 :—

Section 51 requires food storage accommodation in new houses.

Section 67 gives power to require names of laundrymen to whom clothes, etc., from infected houses are sent.

Section 68 empowers the Medical Officer to examine the inmates of common lodging houses during prevalence of dangerous infectious diseases.

Section 69 regulates removal of bodies of persons dead of infectious disease.

Section 70 empowers the Corporation to compensate persons requested to cease employment on account of infectious disease.

Section 71 regulates the manufacture and sale of ice cream.

Section 72 prohibits the blowing or inflating of carcasses by mouth.

Section 73 prohibits the use as a sleeping room of any room in which food is sold or prepared for sale.

Section 74 gives power to require the cleansing of houses infested with vermin.

Section 75 empowers the Corporation to take measures for the cleansing of verminous persons.

(b) **General Adoptive Acts.**

Infectious Disease (Prevention) Act, 1890, except sections 6, 15 and 19.

Public Health Acts (Amendment) Act, 1890, Part 3.

Public Health Acts (Amendment) Act, 1907, sections 78, 80, 84, 85, 86, 87, 88, 89, 90 and 91.

The Local Government and other Officers' Superannuation Act, 1922.

The Public Health Act, 1925, various sections.

(c) **Byelaws in regard to—**

Common Lodging Houses	...	...	...	...	...	...	1886
Offensive Trades	...	...	...	...	...	...	1886
Cleansing of footways and pavements, cleansing of earth-closets and privies, prevention of nuisances from snow, filth, dust, ashes and rubbish, and prevention of keeping of animals on premises so as to be injurious to health	...	...	...	...	...	...	1886
Public Baths	...	...	...	...	...	...	1903
Sanitary Conveniences	...	...	...	...	...	...	1910
Good Rule and Government	...	...	...	...	...	...	1911
Unauthorised person on elementary school premises	...	...	...	...	...	...	1912
Means of escape in case of fire in certain factories and workshops	...	...	...	...	...	...	1913
Employment of children and street trading	...	...	...	...	...	...	1920
Slaughterhouses	...	...	...	...	...	...	1921 and 1923
Slaughterhouses provided by the Corporation	...	...	...	...	...	...	1921 and 1923
New streets and buildings	...	...	...	...	...	...	1923
Ashpits	...	...	...	...	...	...	1925
Maternity Homes	...	...	...	...	...	...	1926
Nursing Homes	...	...	...	...	...	...	1928
Attendance of children at school	...	...	...	...	...	...	1930
Good Rule and Government (fouling of footways by dogs)	...	...	...	...	...	...	1930
New buildings in the Caversham and Tilehurst areas	...	...	...	...	...	...	1930

(d) **Regulations.**

Drainage	...	...	...	...	...	...	1896
Glanders or Farcy	...	...	...	...	...	...	1921
Sheep Scab	...	...	...	...	...	...	1927



## PREVALENCE OF, AND CONTROL OVER, INFECTIOUS DISEASE.

There has been no undue prevalence of notifiable infectious disease during the year.

The appearance in epidemic form of a hitherto little-known infectious disease named glandular fever in Reading and the surrounding neighbourhood was the subject of an investigation in the early summer, whilst watch was also kept for another rare disease, undulant fever, one case of which came under observation. A short note on both diseases is appended.

**Smallpox.** No case of smallpox was notified in the borough during the year 1930. From the fact that the disease has been increasingly prevalent in London and the adjoining areas during the past three years it has been stated each year in these reports that the continued immunity of Reading was unlikely to be maintained. Each year Reading contacts of cases occurring in other areas have been kept under observation. Facilities for travel have, however, so much increased that contacts and persons suffering from the disease in a mild form have every opportunity of spreading the infection.

During the present year 1931, the infection of smallpox did succeed in gaining a slight foothold in the borough and, at the time of writing, nine cases have been notified and isolated.

The first patient received his infection in an East London borough. The fact that he had been in contact with a known case of smallpox was unknown to the sanitary authority either in London or in Reading. Unfortunately although at one time he must have been acutely ill, his home circumstances were such that he continued at work and to move about in public places where he had the opportunity of spreading the infection. It was only at a comparatively late stage of the disease that he came under medical observation. Six secondary cases were directly traceable to this source. Two other cases were also discovered, the precise source of whose infection it has not been possible to ascertain. Every known contact of all these patients has been kept under observation and several hundred persons who were willing have been vaccinated by the Public Vaccinator and other officers of the department.

It is hoped that the situation is now under control and that no further cases will be discovered.

Although the type of the disease continues to be of the mild variety in that it appears to offer no great danger to life, most of these patients felt acutely ill and the rash in many was exceedingly copious and disturbing.

Public apprehension in regard to smallpox is still very great and any considerable extension of the disease would constitute a great source of inconvenience to individuals and a source of considerable anxiety and expense to the community.



**Vaccination.** The vaccination returns for 1929, for which I am indebted to Mr. G. S. Hawthorne, are appended :—

TABLE V.

Districts.	Number of births Registered.	Number of children successfully vaccinated.	Insusceptible of vaccination.	Had Small Pox.	Died un-vaccinated.	Exemption from vaccination by Statutory Declaration of "Conscientious Objection."	Postponement by Medical Certificate.	Removed to other districts.†	Removed to places unknown.	Number of births remaining (unaccounted for).	
										No.	Rate per cent of total births
St. Mary's	825	134	2	—	37	531	3	43	27	48	5.8
St. Giles	591	70	—	—	24	387	2	37	17	54	9.1
Caversham	105	29	—	—	4	64	—	3	2	3	2.8
Whole Borough	1521	233	2	—	65	982	5	83	46	105	6.8

† Vaccination Officer duly apprised.

The returns, which shew that 15·3 per cent. of children were vaccinated, differ little from those of recent years.

**Diphtheria.** The number of cases of diphtheria notified during the year was 111 which was somewhat higher than the average of recent years. The number of deaths due to this disease was six which gives a case mortality of 5·4 per cent. Except for certain small groups of cases occurring in individual households and a slight outbreak at Tilehurst, no area of the borough was specially affected. The type of the disease prevalent except in the groups mentioned has been steadily declining in virulence during the past three years. The case mortality for the past four years has been 23 per cent., 14 per cent., 7 per cent., and 5 per cent., respectively.

A note on the clinical features of the disease and the treatment of diphtheria patients will be found in the report on Park hospital.

**Scarlet Fever.** The prevalence of scarlet fever during the year was about the normal and the disease remains of a mild type, there being no death due to this disease.

The changing character of epidemic diseases and their varying virulence which appears so strikingly in diseases like influenza, smallpox, and cerebro-spinal (or spotted) fever, is clearly exemplified in the case of scarlet fever. In the memory of the older practitioners scarlet fever was a very acute and often fatal disease which has since steadily declined in virulence over a long period of years.

During the past five years there have been notified in Reading over 700 cases not one of which proved fatal.

TABLE VI.  
CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR 1930. CLASSIFIED IN AGES AND LOCALITIES.

Notifiable Diseases	Number of Cases Notified								Total Cases Notified in each Municipal Ward.											Notified Cases Removed to Isolation Hospital.	Total Deaths in Isolation Hospital.	
	At all ages.	At Ages—Years.							Abbey	Battle	Castle	Caversham	Church	East	Katesgrove	Minster	Redlands	Tilehurst	Victoria			West
		Under 1 year.	1 and under 5 years.	5 and under 15 years.	15 and under 25 years.	25 and under 45 years.	45 and under 65 years.	65 years and upwards.														
Small Pox	—	31	118	—	3	—	—	3	10	5	17	10	9	—	2	3	2	32	3	57	—	—
Measles...	153	16	66	16	3	3	—	7	12	5	2	7	10	10	5	3	7	45	3	5	—	—
Diphtheria	111	—	—	—	—	—	—	—	2	2	1	1	2	—	8	2	3	1	2	1	—	5
Erysipelas	25	29	93	17	3	16	4	5	15	5	14	13	23	5	10	10	7	27	144	22	—	—
Scarlet Fever	156	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—
Typhus Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—
Enteric Fever	3	—	—	2	—	—	2	—	—	—	—	1	—	—	—	—	1	—	—	—	—	—
Puerperal Fever	3	—	—	1	3	—	—	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia	4	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	—	—	—
Cerebro-Spinal Meningitis	1	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—	—	—
Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Pulmonary Tuberculosis	127	1	3	39	54	27	2	4	15	12	15	9	15	17	6	3	14	7	79	10	—	18
Other Forms of Tuberculosis	15	2	3	2	7	1	—	—	2	2	1	1	1	1	1	2	1	1	—	2	—	—
Ophthalmia Neonatorum	11	—	—	—	—	—	—	—	1	—	1	1	1	1	1	1	2	3	—	1	—	—
Acute Primary Pneumonia	21	3	3	1	5	—	4	1	3	2	1	2	6	1	—	—	2	1	—	1	—	—
Broncho-Pneumonia	7	1	1	—	2	—	—	1	1	—	1	—	1	—	—	—	—	—	—	—	—	—
Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Encephalitis Lethargica	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals	637	83	290	85	93	60	9	23	62	33	55	46	68	40	26	28	128	28	334†	100	—	26†

† Includes 7 patients admitted suffering from "other diseases".

† Includes 2 patients admitted and died from "other diseases".



**Measles.** By the Reading Corporation Act, 1914, first cases only of measles occurring in any household are notifiable to the Medical Officer of Health. It will be seen, therefore, that the number of notifications received will always be less than the total number of cases occurring.

There were 153 notifications received during the year. In the last two weeks of the year the disease tended to assume epidemic proportions.

It is a feature of measles that it has two periods of maximal seasonal prevalence either in midwinter or in the early summer. During the present year the prevalence which began at the end of 1930 has increased and 507 further notifications have been received up to date.

All notified cases of measles are visited by the lady health visitors and such advice as is necessary in regard to nursing and isolation is given. When possible severe or complicated cases of the disease are removed to hospital but it is both impracticable and unnecessary to remove all cases occurring in an epidemic. The disease is important because of the likelihood of serious complications like bronchitis and pneumonia occurring and prolonged debility and probably tuberculosis are often stated to have their origin in an attack of measles. All of these complications are most common in children under five years, most of the deaths occurring at these early ages. As it appears that practically every person is susceptible to the disease and will sooner or later become infected, policy is directed to protecting as far as possible the younger children in a family from infection and postponing the attack to the later ages.

**Typhoid and Paratyphoid Fever.** Three notifications of the typhoid group of fevers were received and information was obtained from the death returns of two other cases which occurred. Four of the patients were notified as suffering from the paratyphoid B type of the disease but the diagnosis was not confirmed by bacteriological examination in one of the patients. One of the fatal cases was true typhoid and one paratyphoid. The cases were in no way connected.

**Cerebro-Spinal Fever, Encephalitis Lethargica and Anterior Poliomyelitis.** These three diseases constitute serious infections which attack different parts of the central nervous system. Each of them may occur in epidemic form.

Only one notification of the group was received, namely a case of cerebro-spinal (or spotted) fever.

The patient was taken suddenly ill and died in hospital within little more than 24 hours of the onset of the disease.

**Glandular Fever.** This is a disease which has not hitherto been much recognised in this country, and is not notifiable. A small explosive outbreak affecting nine persons occurred in one of the university hostels early in May. The nature of the disease was not at first evident owing to the rarity of its occurrence and to its close resemblance to paratyphoid fever.

The principal features of this disease as it occurred here were (a) fever which in the milder cases lasted for a fortnight and in the more severe cases for nearly two months ; (b) a rash very similar to that associated with typhoid and paratyphoid fever ; and (c) enlargement of the glands principally those of the neck and the scalp. The last symptom, from which the disease derives its name, did not develop until about the end of the third week so that the diagnosis of the true nature of the condition was obscure until then. Further investigation of cases occurring elsewhere has shewn that blood changes occur which can be recognised independently of the enlargement of the glands.

All of the patients recovered and it appears to leave no permanent ill-effect. The duration of the disease is obviously a source of great inconvenience and expense.

No indication has been found of the nature of the infection or of the method of its transmission.

**Undulant Fever.** This is a disease which had previously been thought to be limited to the Mediterranean countries and had been called Malta fever. In those countries it has long since been discovered to be conveyed by the milk of goats which themselves suffered from the infection. In recent years, cases have been found in European countries and in America where it was found to be associated with the disease known as contagious abortion in cattle.

Undulant fever can be severe and is characterized by fever which may last for many weeks and is subject to relapses which may recur during many months. An investigation carried out by the Ministry of Health indicated that very few cases of the disease had been recognised in this country, only fourteen having been recorded at the date of the publication of their report.

One case of the disease was discovered in Reading during the year. The patient appears to have made a good recovery.

As contagious abortion is a condition very widespread amongst the herds of this country and the incidence of undulant fever in the human being apparently a matter of very considerable rarity, the subject would not appear at present to be of immediate public importance.

### PARK HOSPITAL.

I am indebted to Dr. Rowland for the following records and for the clinical notes on patients admitted to Park hospital during the year :—

TABLE VII.

Disease.	Remaining in hospital 1 Jan., 1930.	Since Admitted.	Since Discharged.	Died in hospital.	Remaining in hospital 31 Dec., 1930.
Scarlet Fever	26	144	157	—	13
Diphtheria	11	100	94	5	12
Tuberculosis	26	79	61	18	26
Other Diseases	2	11	8	3	2
Totals	65	334	320	26	53



**Scarlet Fever.** The cases admitted were in the main of a mild type but a certain number were of more than average severity. There were no deaths from this disease.

For the purposes of record, a note is again included of the incidence of the common complications of scarlet fever. It was found that nine patients, or 6·5 per cent, suffered from rhinitis and a similar number from adenitis ; six or 4·3 per cent. from otorrhoea and five or 3·6 per cent. from arthritis ; two suffered from renal complications and one from a dilated heart.

The incidence of these complications is somewhat less than the average of recent years.

**Diphtheria.** Of 111 cases notified as diphtheria, 100 were admitted to Park hospital. Further investigation caused a revision of the diagnosis in eight of these patients, the nett number of true diphtheria cases being 92. Certain groups of cases were of a severe type. Tracheotomy was performed on three patients all of whom recovered.

There were five deaths, three of which occurred within less than 48 hours of admission. One other death from diphtheria occurred at the Royal Berkshire hospital.

**Other Diseases.** The other diseases treated were cases of cerebro-spinal meningitis or patients suspected to be suffering from this disease and a certain number of cases of measles of a severe type usually complicated by broncho-pneumonia.

## DISINFECTION.

As in previous years, the work of disinfection was carried out by the public health department. This includes all the work arising in connection with infected homes in the district and all the necessary disinfection for Dellwood maternity home, as well as in certain of the adjoining rural districts, with whom we have agreements to carry out disinfecting work as required.

The following summary shews the extent of the work carried out during the past year :—

	Number of			
	Houses.	Rooms.	Beds and Mattresses.	Miscellaneous Articles.
Reading district ... ..	401	449	249	2401
Adjoining districts ... ..	9	9	9	75
Dellwood maternity home ...	—	6	2	4
Miscellaneous institutions in Reading ... ..	—	14	39	270
Total	410	478	299	2750

## TUBERCULOSIS.

The following table shews the number of cases of tuberculosis and the number of deaths due to this disease annually since 1918 :—

TABLE VIII.

Year.	Number of cases notified.		Number of deaths.	
	Pulmonary.	Non-pulmonary.	Pulmonary.	Non-pulmonary.
1918	167	18	115	20
1919	123	13	81	12
1920	108	10	75	16
1921	106	36	82	15
1922	125	11	81	19
1923	112	22	93	16
1924	124	16	90	7
1925	119	11	74	12
1926	142	27	92	12
1927	159	23	85	9
1928	183	21	81	28
1929	175	31	108	14
1930	127	15	93	10

In respect both of notifications and deaths in each form of the disease the returns are notably less than in the preceding year, although the mortality from pulmonary tuberculosis is still somewhat above average.

The difficulty of gaining early knowledge of cases of tuberculosis continues, a difficulty that is apparently encountered in most areas. In the report of the Chief Medical Officer of the Ministry of Health three main reasons are given for the failure to notify cases in the earlier stages of the disease.

- (1) Delay on the patient's part in seeking advice until tuberculosis is in an advanced or fatal stage.
- (2) Uncertainty as to diagnosis during the patient's illness.
- (3) The belief that the patient had previously been notified by another practitioner.

The report adds that there is much substance in the first reason and that "the working man cannot afford to be an early case of tuberculosis."

In the case of 16 of the persons whose deaths were certified to be due to tuberculosis, the first intimation of the disease was received from the death returns. Eleven of these unnotified cases were of the pulmonary form of the disease.

Of the notified cases, 11 were notified within one month and 15 within three months of the fatal termination of the disease.

It appears that information in respect of something approaching half the total number of fatal cases is received too late for any effective action to be taken.

The local authority is empowered by law to prohibit persons suffering from tuberculosis in an infective state from engaging in the milk trade and to require the removal of similar persons whose lodging is not such as will enable them to prevent the spread of infection.

No action was taken or was necessary in either respect during the year.



**Report of the Tuberculosis Officer.** The following report by Dr Minkley gives the details of the work carried out during the year :—

“ Number of new cases examined ... ..	241
Adult males transferred from other areas ... ..	2
Adult females       ,,       ,,       ,,       ... ..	5
	<hr/>
	248
	<hr/>

Of these 248 new cases :—

Persons suffering from pulmonary tuberculosis numbered—

Adult—males ...	56
,, females ...	46
Children—males ...	1
,, females ...	1
	<hr/>
	104
	<hr/>

Persons suffering from non-pulmonary tuberculosis numbered—

Adult—males ...	3
,, females ...	2
Children—males ...	3
,, females ...	—
	<hr/>
	8
	<hr/>

Persons presenting such symptoms and signs as gave rise to suspicion and necessitated extended observation—

Adult—males ...	8
,, females ...	8
Children—males ...	19
,, females ...	18
	<hr/>
	53
	<hr/>

Persons found to be not suffering from tuberculosis—

Adult—males ...	22
,, females ...	33
Children—males ...	12
,, females ...	16
	<hr/>
	83
	<hr/>

Total number of attendances by patients during the twelve months ... .. 4019

*Examination of Contacts.*—Of the 248 cases noted above as coming under examination by the tuberculosis officer during 1930, 62 were persons, who, having been more or less closely associated with known cases of tuberculosis, had been exposed to special danger of contracting the disease ; of these 62 contacts, 50 presented no clinical signs of infection, but 12 presented symptoms and signs of suspicious character calling for continued observation, while, among these 12, three were found on extended examination to be definitely suffering from pulmonary tuberculosis.

*Home Supervision.*—The tuberculosis officer paid visits to their own homes in the case of 100 persons, in 51 instances meeting and conferring with the patient's medical attendant at the home, and in all instances with the consent of and subsequent co-operation with the practitioner.

The two tuberculosis nurses paid 2,503 visits to the homes of patients, of which number 209 were paid to the homes of ex-service men.

Although during the past twelve months a considerable amount of improvement has undoubtedly been effected in the housing conditions of tuberculous persons, particularly in a number of instances in which families have been allowed the tenancy of council dwellings, yet much difficulty is still experienced in educating persons along the lines of suitable hygienic conditions for the prevention and control of tuberculosis.

Open air is more revered in theory than in practice, and lack of appreciation of the importance of foods of real value is an obstacle that is frequently encountered.

*Shelter Treatment.* Twenty-three of the open-air shelters for the use of patients have been in regular use in cases where suitable garden sites existed. The shelters form a most useful after-treatment for ex-sanatorium and ex-hospital cases, particularly in some cases in which it would be impossible for the patient to have a bedroom to himself or herself within the dwelling-house.

*Sanatorium Treatment.* Patients have received treatment at the following institutions :—

Grosvenor sanatorium, Ashford, Kent	...	...	...	40
Church Army sanatorium for boys, Heath End, Farnham, Surrey	...	...	...	4
Oak Bank residential open-air school, Sevenoaks, Kent	...			3
Wingfield Orthopaedic hospital, Headington, Oxford	...			9
Royal Sea Bathing hospital, Margate	...	...	...	2
All Saints' Convalescent hospital, Eastbourne	...	...	...	1
				—
				59
				—



	Remaining in Sanatoria, Dec. 1929		Admitted during the year 1930.		Totals.	
	Males.	Females.	Males.	Females.	Males.	Females.
Adults ...	9	5	22	8	31	13
Children ...	6	5	3	1	9	6
Totals ...	15	10	25	9	40	19

The condition of the patients on discharge from sanatoria is shewn below :—

Disease quiescent	...	...	...	...	...	9
Improvement maintained	...	...	...	...	...	27
Disease progressive	...	...	...	...	...	1
Non-tuberculous	...	...	...	...	...	2
Remaining in sanatoria on December 31st, 1930					...	20
						—
						59
						—

*The Tuberculosis Pavilions, Park Hospital, Reading.* The cases under treatment have been in the main those of acute, semi-acute, or advanced character, but a considerable number during the year made such improvement as warranted drafting on to sanatorium after a course of preliminary treatment.

Analysis of the cases shews that there were :—

	Males.	Females.	Total.
Remaining in pavilions, Dec., 1929	12	14	26
Admitted during year 1930 ...	41	38	79
	—	—	—
	53	52	105
	—	—	—

The condition of these patients on discharge from the pavilions is shewn below :—

	Males.	Females.	Total.
Disease quiescent	1	2	3
Improved	28	21	49
No material improvement	3	4	7
Died in Institution	8	10	18
Non-tuberculous	1	1	2
Remaining in pavilions on Dec. 31st, 1930	12	14	26
	—	—	—
	53	52	105
	—	—	—

*Special Treatment.* Artificial pneumothorax treatment was practised in three cases during 1930 apparently with good results.

Injectons of collosol calcium have continued to be used in certain cases with advantage both at the tuberculosis dispensary and at Park hospital.

*Examination of Specimens—*

	Sputum.	Other.	T.B. Positive.
Number sent in by doctors	203	1	46
Dispensary cases	129	7	39
	—	—	—
	332	8	85
	—	—	—

TABLE IX.  
PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1912.  
Summary of Notifications received during the year 1930.

Age Periods.	Number of Notifications on Form A.												No. of Notifications on Form B.			No. of Notifications on Form C.			
	Primary Notifications.												Total Notifications including cases previously notified by other doctors	Primary Notifications.		Total Notifications including cases previously notified by other doctors	Poor Law Institutions	Sanatoria	
	65 and upwards													5 to 10	10 to 15				Total
	Under 1 year	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	Total								
Pulmonary (males)	1	1	—	2	8	8	20	13	12	5	1	71	82	—	—	6	65 (42)		
Pulmonary (females)	—	—	1	—	10	13	9	12	6	4	1	56	63	—	—	7	46 (37)		
Non-Pulmonary (males)	—	—	—	2	1	1	3	—	—	—	—	7	7	—	—	—	4 (—)		
Non-Pulmonary (females)	—	2	1	—	—	—	3	1	1	—	—	8	9	—	—	1	— (—)		

Figures in brackets in last column indicate cases admitted to the Institution belonging to the County Borough.

SUPPLEMENTAL RETURN.

New cases of Tuberculosis coming to the knowledge of the Medical Officer of Health or Chief (Administrative) Tuberculosis Officer during the period from the 29th December, 1929 to the 27th December, 1930, otherwise than by notification on Form A or Form B under the Public Health (Tuberculosis) Regulations, 1912, or by notification in pursuance of the Local Government (Emergency Provisions) Act, 1916.

Age periods.	0 to 1.	1 to 5.	5 to 10.	10 to 15.	15 to 20.	20 to 25.	25 to 35.	35 to 45.	45 to 55.	55 to 65.	65 and upwards.	Total Cases.
Pulmonary (males) ...	—	—	—	—	—	1	1	1	1	—	2	6
Pulmonary (females)	—	1	—	—	—	2	3	1	1	2	—	10
Non-pulmonary (males)	—	1	—	1	—	—	—	—	—	—	—	2
Non-pulmonary (females)	—	1	—	1	—	—	—	—	—	—	1	3



*Tuberculosis Dispensary Care Association.* Cases assisted through the relief sub-committee of this association numbered 125, an increase compared with the past few years, the highest previous total being 131 in 1926 ; 40 were new cases and 25 were re-applications.

Analysis of cases assisted shews :—

102 received extra nourishment in the form of milk, eggs, and butter.

15 clothing and boots supplied.

3 children sent to country homes.

1 adult, holiday fare and maintenance for two weeks.

1 return fare, Brighton.

1 loan of pocket money during sanatorium treatment.

1 grant of 10/- towards cost of spectacles.

1 payment of National Health Insurance arrears.

The Reading Dispensary Trust makes grants for necessitous cases requiring dental treatment, and these cases are not dealt with by the association.

The grant from the Corporation for provision of extra nourishment, £199, was expended in seven months ; the actual expenditure by the association for the twelve months was £334, so that £135 had to be met from the voluntary fund.

### VENEREAL DISEASES.

From the returns furnished by the medical officer in charge of the treatment centre at the Royal Berkshire hospital, the following short table has been prepared to show the number of persons attending the venereal diseases centre and the conditions from which they suffered :—

	Syphilis.		Gonorrhoea.		Total. Persons
	Males.	Females.	Males.	Females.	
Under treatment January 1st, 1930—	60	35	89	50	234
Treated for the first time during 1930—	57	58	105	42	262
	117	93	194	92	496

Besides these patients, 25 persons attended the clinic for examination and were found to be free from venereal disease. Included with those under treatment at the beginning of the year is a certain number of patients who had ceased to attend in a previous year or who had been transferred to other centre.

The full extent of the work of the clinic will be better appreciated from the following record of attendances :—

Out-patient attendances.	Syphilis.		Gonorrhoea.		Total.
	Males.	Females.	Males.	Females.	
For individual attention by medical officer ... ..	1510	1283	1216	344	4353
For intermediate treatment	—	—	1931	1254	3185

Both in the matter of patients in attendance and in the number of attendances, the records show a marked increase upon the returns of the preceding year.

It should be noted, however, that patients treated for the first time include both early and late cases of these diseases. Cases of syphilis of less than one year's standing numbered 19, the remaining 96 being of longer duration, the majority in the later and non-infectious stage of the disease. These early cases of syphilis however shew a definite increase on the numbers in recent years. Cases of gonorrhoea of less than one year's standing number 113, the remaining 34 being more chronic. All of these latter patients are however infectious.

As the clinic serves several areas, the area of residence of patients who attended for the first time during the year is of interest.

			Reading. Berkshire.		Other Areas.	Total.
Syphilis	...	...	40	54	21	115
Gonorrhoea	...	...	60	73	14	147

The medical officer reports that the new male treatment room and the alterations to the female treatment room were completed early in the year. These alterations enabled the treatment of gonorrhoea to be carried out far more efficiently and quickly with great benefit to the patients and with a consequent rise in the number of patients discharged recovered during the year.

## MATERNITY AND CHILD WELFARE.

**Infant Mortality.** During the year there were registered the deaths of 77 infants who had not yet attained the age of one year. This number is equivalent to an infant death rate of 54.8 for every 1,000 births registered during the same period. This rate is slightly higher than that recorded during the preceding year. A table showing the progress of infant welfare as evidenced by the infant death rate will be found on pages 50 and 51.



It is customary to consider infant deaths in relation to the period at which they occur and to the groups of causes to which they are assigned. It will be noticed from the detailed table on pages 50 and 51 that no fewer than 55 of the 77 deaths or nearly 75 per cent. of the total occurred in the first month of life. This neo-natal mortality rate is much higher than the average of recent years and I know of no satisfactory explanation of the sudden increase, especially in the light of the greater amount of ante-natal care which is being given.

Period.	Neo-natal Mortality.	Mortality from bronchitis and pneumonia.	Mortality from gastro-intestinal diseases.	} Rates per 1,000 births.
1905-08	34.7	17.2	17.6	
1909-12	37.3	10.1	11.9	
1920-23	31.7	10.0	4.7	
1924	26.2	14.9	2.4	
1925	26.5	10.0	5.3	
1926	24.3	9.7	4.3	
1927	25.4	7.5	2.0	
1928	28.2	8.0	2.6	
1929	26.9	13.1	1.4	
1930	39.2	12.1	2.1	

The group of deaths due to pneumonia and bronchitis remains high in number, the 17 deaths due to pneumonia representing in itself an infant death rate of 12.1 per 1,000 births. As neither measles nor influenza were epidemic during the year it is possible that the difficult housing conditions contribute to the maintenance of the high death rate from chest diseases.

The disappearance of diseases of the gastro-intestinal tract, the result of better infant management and care in feeding, is one of the best achievements of the infant welfare movement.

**Maternal Mortality.** The subject of mortality in connection with child birth has been the subject of numerous inquiries.

This particular aspect of public health work has not met with the same success that has attended efforts in other directions. It is found that some 3,000 women die annually in England and Wales directly as the result of child-birth, a maternal mortality rate of rather more than four for each 1,000 births, and that this rate shows no tendency to fall.

This general statement is subject to one qualification. The risks of child-birth are greater in the case of first-births than at the birth of later children. With the reduction in the size of families the proportion of first-births will increase. For this reason there has probably been a considerable improvement the extent of which cannot be measured and which is not evident from the returns. During the past year there were three deaths of women in Reading resulting from child-birth, a mortality rate of 2.1 per 1,000 births. None of these deaths was assigned to puerperal

sepsis. A short table showing mortality of this nature with the corresponding returns for England and Wales is given for the last five years :—

MATERNAL MORTALITY RATE PER 1,000 BIRTHS.

Year.	England and Wales.			Reading.		
	Puerperal Sepsis.	Other Causes.	Total.	Puerperal Sepsis.	Other Causes.	Total.
1926	1.60	2.52	4.12	2.44	.61	3.05
1927	1.57	2.54	4.11	.69	1.37	2.06
1928	1.79	2.63	4.42	2.68	4.03	6.71
1929	1.80	2.53	4.33	.69	2.07	2.76
1930	—	—	—	.00	2.13	2.13
	1.69	2.55	4.24	1.30	2.04	3.34

With the small numbers involved in the Reading returns for each year the rates naturally show greater fluctuations than appear in the major statistics of the whole country. It is found, however, if the records are examined over long periods that the same relative advantage is maintained in favour of Reading.

The Maternity and Child Welfare committee has given serious consideration to the memorandum on this subject issued by the Ministry of Health. All the services recommended in that memorandum had already been provided. The Ministry report states that the more effective use of existing machinery and the raising of the standard of midwifery practice will be one of the most beneficial results of the increased attention given to the subject.

**Puerperal Fever and Puerperal Pyrexia.** There were three notifications of puerperal fever and four of puerperal pyrexia. Two were treated at the Royal Berkshire hospital and one at Battle hospital. One patient from Newbury treated in hospital died. The remainder all made good recoveries.

**Ophthalmia Neonatorum.** Eleven infants were notified to be suffering from ophthalmia neonatorum. Five of these cases were of more than usual severity, one of which still shows a certain amount of scarring of the cornea. One child was treated at the Royal Berkshire hospital. The remainder were treated at home, the more severe cases being attended by nurses from the Queen Victoria Institute, with whom the corporation has an agreement.

Cases.			Vision un- impaired.	Vision impaired.	Total Blindness	Deaths.
Notified.	Treated.					
	AtHome.	In Hospital.				
11	10	1	10	1	--	—



**Infant Welfare Centres and Health Visiting.** In view of the importance of this subject it may be of advantage to recapitulate the principal features of the scheme for the supervision of children under school age.

By the Notification of Births Act, 1907, the doctor, midwife or any person present at the birth of a child is required to notify such birth to the Medical Officer of Health within 36 hours of its occurrence.

During the year 1,313 birth notifications were received which represents 93 per cent. of all births which occurred during the same period. Of these notifications, 77 per cent. were sent by midwives, 15 per cent. by doctors, and 1 per cent. by others.

A return of all unnotified births is also received from the registrar of births and deaths.

In this way information is received of every birth occurring in the borough.

Unless the social circumstances are such as to indicate that a child will receive all possible attention, the health visitor visits the home as soon after the birth as is likely to be convenient, usually when the doctor or midwife has given up the immediate supervision of the case. During the first year of life further visits are paid to the homes monthly for the first three months and then at intervals of three months till the end of the first year. Three or four visits are paid to each child during the second year and some two visits each year up to five years.

If the progress of any child is unsatisfactory more frequent visits are paid and certain households are visited more frequently in connection with the supervision of cases receiving milk under the direction of the committee.

It is not always necessary to adhere rigidly to the programme.

If a child is brought regularly to an infant welfare centre and satisfactory progress is recorded it will obviously not be necessary to visit it so frequently at home. Arrangements are also made that as far as may be possible the same health visitor supervises children on the district and at the corresponding infant welfare centre.

It naturally frequently happens that a health visitor looking after a young infant or paying a visit for investigating the supply of milk is able to note the progress of older children of the same family and to ensure that medical attention is received when necessary.

A record is kept of all children disabled mentally or physically and information of such children is passed to the school medical officer when the child reaches the age of five.

The following summary indicates the amount of work done under these arrangements during the year :—

#### HEALTH VISITING SUMMARY.

First visits after receipt of notification	...	...	1299
Re-visits to children under one year	...	...	6137
Visits to children aged one to five years	...	...	11592
Special visits	...	...	497
Visits to expectant mothers	...	...	779
Special visits to cases of measles	...	...	85
Special visits to cases of ophthalmia	...	...	8
Special visits in regard to still-births	...	...	38
Special visits in regard to infant deaths	...	...	65
Special visits to nursed-out children	...	...	191
Totals			20691

**Children Act, 1908. Infant Life Protection.** For the first time is included in this report details of work done under this act, a duty previously carried out under the direction of the board of guardians. The act provides that every child under seven placed out to nurse for payment for more than 48 hours must be registered immediately upon being received.

On the 1st April, 1930, when the borough council took over the supervision of these children there were 54 nursed-out children in Reading. Notification was received of 21 others up to the end of the year. Five of these children who reached the age of seven years and ceased to be under supervision were notified to the education authority, 11 were returned to their parents and three left for other districts. Information is sent to the appropriate local authority in respect of all nursed-out children who are reported to have left this area.

The health visitors pay regular visits of inspection to the homes of these children and report that in each case the home is satisfactory and the children well cared for.

**Infant Welfare Centres.** New attendances at the infant welfare centres numbered 1,134 during the year whilst the number of re-attendances reached the formidable total of 30,669.

These numbers in each case represent the number of children who are weighed by the nurse in attendance. Only a proportion of these are seen or require to be seen by the doctors. It is becoming increasingly the practice of mothers to bring the children frequently for weighing and to continue to bring older children when they bring the babies. A steady and normal increase of weight is probably as valuable a guide to a child's well-being as any other single factor. The fact that mothers continue to bring their children so frequently is a measure of their interest and must ultimately be of great value, but the handling of such large numbers at



the clinics sometimes occasions a certain degree of embarrassment. A statement of the model requirements and methods of supervision of infant consultation centres was included in the annual report last year. The details of the attendances at the various clinics is given in the following table :—

TABLE X.  
INFANT CONSULTATION CENTRES.

Centre.	Number of Sessions.	New Attendances	Re- Attendances	Average Attendances
Star Lane, Wednesday ... ..	51	311	6763	139
„ „ Friday ... ..	52	157	2230	46
Elm Park Hall (for period 1/1/30 to 14/4/30) ... ..	14	67	2497	178
„ „ „ (morning session 15/4/30 to 31/12/30)	38	69	1905	50*
„ „ „ (afternoon session 15/4/30 to 31/12/30)	38	176	5315	139*
Park Institute, Wokingham Road	50	149	6654	136
Caversham, Weston Mead ... ..	51	105	2454	50
Tilehurst (Village Hall) ... ..	49	49	1409	30
Shinfield, St. Barnabas Church Hall	51	51	1442	29
Totals	394	1134	30669	797

\* Two sessions daily as from 15th April, 1930.

† Now West Memorial Institute, Caversham.

The Ministry of Health has directed attention to the importance of the more effective supervision of children between two and five years. Mothers are therefore encouraged to bring children to the centres at the later years and although it has not been possible to keep all of these children under continuous medical supervision the measures taken have met with a definite measure of success. The numbers of children in the various age groups who are brought to the centres are indicated as follows :—

Clinic.	Total attendances.	Under 1 year.	1 to 5 years.
* Weston Mead, Caversham ... ..	2559	1423	1136
Park Institute ... ..	6803	5423	1380
Shinfield ... ..	1493	844	649
Tilehurst ... ..	1458	943	515
Star Lane, (Wednesday) ... ..	7074	4977	2097
Star Lane, (Friday) ... ..	2387	1502	885
Elm Park Hall ... ..	10029	5927	4102
Totals	31803	21039	10764

\* Now West Memorial Institute, Caversham.

## INFANT MORTALITY, 1930. (CAUSES OF DEATH under one year).

Causes of Death.				Under 1 week	1—2 weeks.	2—3 weeks.	3—4 weeks.	Total under 1 month.	1 month and under 3 mos.	3 months and under 6 mos.	6 months and under 9 mos.
All causes	Certified	...	...	40	4	5	6	55	3	8	6
	Uncertified	...	...	—	—	—	—	—	—	—	—
Small Pox	...	...	...	—	—	—	—	—	—	—	—
Chicken Pox	...	...	...	—	—	—	—	—	—	—	—
Measles	...	...	...	—	—	—	—	—	—	—	—
Scarlet Fever	...	...	...	—	—	—	—	—	—	—	—
Whooping Cough	...	...	...	—	—	—	1	1	—	—	1
Diphtheria and Croup	...	...	...	—	—	—	—	—	—	—	—
Erysipelas	...	...	...	—	—	1	—	1	—	—	—
Tuberculous Meningitis	...	...	...	—	—	—	—	—	—	—	—
Abdominal Tuberculosis	...	...	...	—	—	—	—	—	—	—	—
Other Tuberculous Diseases	...	...	...	—	—	—	—	—	—	1	—
Meningitis (not Tuberculous)	...	...	...	—	—	—	—	—	—	—	—
Convulsions	...	...	...	—	—	—	1	1	—	—	—
Laryngitis	...	...	...	—	—	—	—	—	—	—	—
Bronchitis	...	...	...	—	—	—	—	—	—	—	—
Pneumonia	...	...	...	1	—	—	2	3	3	4	3
Diarrhoea	...	...	...	—	—	—	—	—	—	—	—
Enteritis	...	...	...	—	—	—	—	—	—	1	2
Gastritis	...	...	...	—	—	—	—	—	—	—	—
Syphilis	...	...	...	—	—	—	—	—	—	—	—
Rickets	...	...	...	—	—	—	—	—	—	—	—
Suffocation (overlying)	...	...	...	—	—	—	—	—	—	—	—
Injury at birth	...	...	...	2	—	—	—	2	—	—	—
Atelectasis	...	...	...	4	—	—	—	4	—	—	—
Congenital malformation	...	...	...	—	1	—	—	1	—	—	—
Premature birth	...	...	...	18	3	2	1	24	—	—	—
Atrophy, Debility, Marasmus	...	...	...	1	—	2	—	3	—	2	—
Other Causes	...	...	...	14	—	—	1	15	—	—	—
Totals	...	...	...	40	4	5	6	55	3	8	6

4 of the deaths were of illegitimate children.



Allocated to Municipal Wards.													Deaths in Institutions.	
Total under 1 year.	Abbey.	Battle.	Castle.	Caversham.	Church.	East.	Katesgrove.	Minster.	Redlands.	Tilehurst.	Victoria.	West.	*Residents of Borough.	Non-Residents of Borough.
77	3	8	5	5	8	3	11	4	5	14	5	6	18	9
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2	—	—	—	—	1	—	—	—	—	1	—	—	1	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1	—	—	—	—	—	—	—	—	—	1	—	—	1	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1	—	—	—	—	—	—	—	—	1	—	—	—	1	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2	—	—	1	—	—	—	—	—	—	1	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
17	1	1	—	1	3	1	1	2	1	4	1	1	3	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3	—	—	—	—	—	—	2	—	—	1	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2	—	—	—	—	—	—	1	—	—	—	—	1	—	—
4	1	1	—	—	—	—	2	—	—	—	—	—	—	—
1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
24	—	2	3	2	4	—	2	—	1	5	3	2	7	4
5	—	1	—	—	—	1	1	1	—	1	—	—	1	—
15	1	2	1	2	—	1	2	1	2	—	1	2	4	4
77	3	8	5	5	8	3	11	4	5	14	5	6	18	9

\* Includes 7 deaths in Royal Berks hospital, 3 in Battle hospital, 5 in Dellwood, 1 in Park hospital and 2 in Nursing homes.

**Supervision of Midwives.** In accordance with the requirements of the Central Midwives Board, 39 midwives gave notice of their intention to practice in Reading during the year. Of these, 36 had the qualification of the Central Midwives Board, two the earlier qualification given by the London Obstetrical Society and one was in *bona-fide* practice as a midwife before the passing of the Midwives Act. Of these engaged, nine were temporarily employed and have since left the district, eight have been working in institutions, 10 engaged by nursing associations, and five in monthly nursing only. There are thus only seven who are in independent practice as midwives. As has been found in previous years, the work is unevenly distributed, two of the more successful midwives doing nearly 200 cases per annum each and two slightly over 100 each.

The inspector of midwives reports that more effective ante-natal supervision is being given and that the general standard of work is satisfactory.

*Records of sending for Medical Help.* During the year medical assistance was sought by midwives on 352 occasions of which 263 were for the mother and 89 for the child. The local authority became responsible for the payment of £236 in fees of which £69 was recovered from the patients.

**Milk (Mothers and Children) Order, 1919.** Following the practice of previous years, grants of milk and other foods were made during the past year to necessitous expectant and nursing mothers and children under three years of age. A special sub-committee has been appointed to administer the order. The average number of persons in receipt of milk during the year was 24 expectant mothers, 68 nursing mothers, and 322 children under three. The gross cost of this service during the financial year was £2000, provision for which to the extent of 50 per cent. was made in the block grant received by the council.

### ANTE-NATAL CLINIC.

So much emphasis is now being placed on the value of ante-natal care that it is exceedingly gratifying to record the steady increase in the number of patients attending the ante-natal clinic. The clinic which holds two sessions weekly is under the charge of Dr. Agnes Bernfeld. At its inception the clinic was mainly dependent for its support on patients about to be admitted to Dellwood. During the past year a very large percentage of the patients attended independently of Dellwood, being referred by health visitors, midwives and doctors. When it is considered that nearly one-quarter of all expectant mothers in the borough attended the clinic during the year, that a very great amount of ante-natal work is now being done by midwives, and that doctors in the town are naturally responsible for the ante-natal care of their own private patients, it is clear that it only requires a short step to ensure that every woman will receive the supervision that is necessary before, during, and after the birth of her child. The following short table shows the number of new patients and the number of attendances at the clinic in recent years :—

	1925	1926	1927	1928	1929	1930
New patients	245	281	250	311	310	347
Attendances	917	980	999	1014	1319	1537



The work of the clinic is carried out on lines similar to those of previous years, every patient receiving a complete clinical examination, including investigation of blood pressure. Such patients as require constant medical supervision are referred either to their own doctors or to the hospital, and clinical reports are sent in each case to doctors and midwives.

The co-ordination of the different parts of the council's medical work is again evidenced by the number of ante-natal patients who received dental treatment at the Education committee's dental clinic during the year. Eighty-nine patients (67 expectant mothers and 22 nursing mothers) were invited to attend, of which 62 did attend. Fifty of these completed treatment, the remaining 12 failing to complete treatment. The treatment provided was as follows :—

Number of extractions	...	...	...	...	169
Number of fillings	...	...	...	...	3
Other operations	...	...	...	...	5

This is the more important when it is realised how serious can be the consequences of dental caries and oral sepsis during child birth.

Another valuable function of the clinic is the instruction of pupil midwives from Dellwood who are candidates for the examination of the Central Midwives Board. The higher the standard of training of these midwives the higher will be the standard of their practice when they come to assume the responsible duties entailed by their profession. It is found as a matter of everyday experience that the younger and more highly-trained women in practice do in fact achieve a higher standard than those trained in earlier days.

It is not simply a question of recognising the graver abnormalities which are comparatively uncommon but the instruction of the mother in the general hygiene of pregnancy including dietetics which recent scientific inquiries have shown to be so important both to mother and child.

### DELLWOOD MATERNITY HOME.

The past year has seen the completion of the tenth year of the work of Dellwood Maternity home, which was opened in the autumn of 1920.

There can be no doubt that the home has established itself as a very important unit in the social work of the borough and has maintained its popularity and its effectiveness throughout the period.

The number of patients admitted during each of the ten years is as follows :—

1921	1922	1923	1924	1925	1926	1927	1928	1929	1930
179	253	285	239	196	261	198	252	233	249

It will be seen that the number of children born each year at Dellwood maintains a fairly uniform average and represents approximately one-sixth of all the children born in the borough annually.

The number of beds occupied throughout the year was just under 70 per cent. of the total available. From the nature of the work it is, of course, impossible to arrange a uniform rate of admission so that the proportion of beds occupied must always allow some margin for the admission of new patients. The average number of patients admitted each month was nearly 21 and the average duration of stay slightly over 14 days.

As in previous years the matron and her assistant midwives are responsible for the conduct of the cases, the patient's own doctor being called in when the occasion demands. The rules of the Central Midwives Board define each emergency in which a doctor must be called. It is found in practice that these emergencies so defined occur in rather more than 25 per cent. of all cases.

The clinical results during the year have been satisfactory, the only serious complication occurring being a case of ophthalmia neonatorum. The eyes of the child are now much improved. One patient died in the home. The death however occurred before the birth of the child and resulted from causes arising independently of pregnancy.

There was no case of puerperal fever or puerperal pyrexia during the year, a particularly satisfactory result.

Records are maintained each year of the social status of the patients as measured by the average weekly income of the husbands and the housing conditions in which they live. Each succeeding year confirms the experience of preceding years and clearly indicates that the home well fulfils the purpose for which it was designed.

It was found that the average income of the husbands of patients admitted was £2 7s. 0d. per week, excluding 33 persons who were unemployed or engaged part-time. The average fee paid was £3 5s. 0d. or at the rate of £1 12s. 6d. per week for a stay of two weeks.

It has been found in practice that the application of the scale which was decided upon by the committee in April, 1928, has made no material difference to the assessment of the amounts to be paid by patients or to the sums received.

A review of the housing conditions of patients shows that :—

Occupied one room ... ..	15
„ two rooms ... ..	115
„ more than two rooms ...	11
Living with parents... ..	17
„ in barracks ... ..	7
In domestic service ... ..	2
Occupying separate houses ...	82
	—
	249
	—

Although the numbers occupying separate homes is slightly higher than in previous years it will be seen that approximately two-thirds of all patients admitted live in rooms.



## BLIND PERSONS ACT, 1920.

I am indebted to Miss M. Maplesden M.A., for the following information in regard to the work of the Reading Association for the Welfare of the Blind during the year.

The following are the numbers and classification by age groups of the persons registered as blind in the borough.

Age Period—years.	Males.	Females
0- 5 ... ..	0	1
5-16 ... ..	4	0
16-21 ... ..	2	1
21-29 ... ..	3	9
30-39 ... ..	7	4
40-49 ... ..	11	7
50-59 ... ..	15	14
60-69 ... ..	15	25
70- ... ..	18	25
	—	—
	75	86
	—	—

The condition of those of the above persons who have attained the age of 16 years and upwards as regards employment or employability is shown as follows :—

Employment.	16 years and upwards.	
	Males.	Females.
Employed ... ..	18	2
Trained but unemployed	0	0
Under training ...	2	1
No training but trainable	1	1
Unemployable ...	50	81
	—	—
	71	85
	—	—

The following persons were examined by Dr. Taylor during the year with a view to certification as blind persons.

	Males.	Females.	Total.
Examined ... ..	3	10	13
Certified to be blind	2	3	5

During the past year considerable developments have taken place in the services rendered to blind persons in the borough. A second home teacher has been appointed and she is devoting part of her time to visiting the blind in their homes, teaching them to read braille and instructing them in simple pastime occupations. The remainder of her time is given to supervising the nine recognised home workers, that is, persons trained in various occupations suitable for the blind. At the beginning of the year the town council put into operation a scheme whereby the wages of home workers are augmented to the extent of 15/- each, per week.

This has resulted in a very considerable financial gain to the workers concerned. There has also been a considerable increase in the number of necessitous unemployable blind persons assisted with monthly allowances in accordance with the committee's scale.

There is urgent need for further orders to be given to the Association, both for the articles made by home workers and also for the product of the pastime occupation. The Association must rely upon the support of the general public to increase orders in these directions. Attention is being devoted to the development of voluntary visiting and to the organisation of outings, the provision of wireless sets, etc. Greater publicity has had the general effect of increasing the number of blind persons desiring to be registered.

## SANITARY CIRCUMSTANCES OF THE AREA.

**Water Supply.** I am indebted to Mr. Leslie C. Walker, Waterworks Manager for the following information regarding water supply.

The water supply of the main portion of the borough including Caversham is obtained from the river Kennet.

There are two points of intake, one at Fobney about one-and-a-half miles, and one at Southcote over two miles above the town. The water at both stations is subjected to pre-filtration through gravel beds which process in addition to removing grosser impurities reduces the bacterial content to the extent of from 50 to 75 per cent. It is further subjected to finer filtration through sand beds eight feet deep at Fobney and through pressure filters at Southcote.

There is an additional source of supply at Southcote obtained from bores in the chalk which is also subjected to filtration.

As a final means of purification all the water is chlorinated to a degree of half-part per 1,000,000 parts of water, the chlorine being added accurately and uniformly by a special apparatus.

The amount of water treated daily is approximately 3,500,000 gallons—2,500,000 at Fobney and 1,000,000 at Southcote, all of which is pumped to the low level service reservoir at Bath road from which the low level areas of the town are supplied by gravitation.

From the Bath road reservoir over 1,000,000 gallons of water are pumped daily to a high level reservoir at Tilehurst which serves the higher levels of the borough including Caversham and also certain parts of the rural districts of Wokingham and Goring.

The water as supplied to the consumer is bacteriologically examined at least once a month and is also chemically examined periodically.



The bacterial content of the original river water varies within wide limits but is always high. The average number of bacteria in the filtered and chlorinated water is 19 per cubic centimetre and the bacillus coli, the organism which best indicates contamination is constantly absent in 100 cubic centimetres. The chemical examination confirms this high standard of purity. The hardness of the water is 14·3 grains per gallon.

During the year the Corporation acquired the undertaking of the Tilehurst, Pangbourne and District Water Company, which had previously supplied part of the western end of the borough and the country districts to the west and north of the borough. The water supply for the area is obtained from deep wells in the chalk at Tilehurst and Pangbourne, the distribution from both wells being effected from an elevated water tank at Tilehurst. The daily consumption in the added area is estimated at 180,000 gallons per day. The water supplied is found bacteriologically to be of a high standard of purity and the hardness equivalent to 15·4 grains per gallon.

The daily consumption of water in the borough is about 35 gallons per head per day and in the added area about 18 gallons per head per day, the latter area being principally rural and residential.

A large new storage reservoir and high level elevated water tower are now under construction at Tilehurst. These works will ensure adequate supplies at all seasons and effect better distribution in the added area.

**Rainfall.** I append details of the rainfall during the year as measured in the Forbury Gardens.

It will be seen that the total rainfall for the year was somewhat higher than the 21·7 inches recorded in the preceding year but lower than the average which in Reading is between 25 and 26 inches over a long period of years. For the second year in succession November was much the wettest month in the year.

Month.	Inches of rain.		
January ... ..	...	...	3·15
February ... ..	...	...	0·62
March ... ..	...	...	0·76
April ... ..	...	...	1·60
May ... ..	...	...	1·49
June ... ..	...	...	0·27
July ... ..	...	...	2·09
August ... ..	...	...	2·09
September... ..	...	...	2·72
October ... ..	...	...	1·06
November ... ..	...	...	4·31
December ... ..	...	...	2·61
Total ...			22·77

**Drainage and Refuse Disposal.** I am indebted to Mr. A. S. Parsons, Borough Surveyor, for the following information in regard to drainage and refuse disposal in the borough :— :—

Practically the whole area of the borough is sewered on the separate system. The sewage sewers are well ventilated and flushed and no nuisance arises. The sewage is disposed of partly by the “ activated sludge ” method and partly by broad irrigation at Manor Farm.

During the year 1930 an average of 1,670,000 gallons of sewage per day, which is about one-half the total sewage flow, was treated in the activated sludge plant and passed direct to the Foudry brook. The remainder was treated by land filtration.

At the end of the year 1929 large new preliminary sedimentation tanks were completed as an adjunct to the activated sludge plant. No gain in the volume of sewage capable of being treated in the plant was secured, perhaps because of slight septic action in the preliminary tanks. In reducing the output of activated sludge however, and in enabling the total sludge to be reduced to a reasonable amount—about 750,000 gallons a month—the preliminary tanks have proved a very great benefit indeed.

Large scale experiments in auxiliary experimental plant have been carried out during the year chiefly with the object of determining the air supplies needed per gallon of sewage treated. These experiments are not yet completed.

*Refuse Disposal.* The method of refuse disposal is known as “ controlled tipping ”. The refuse is dumped in layers approximately 6-ft. deep and immediately covered with soil, only the faces being exposed. The process of consolidation is advanced by the continued carting over the surface. The means of transport includes 3 and 5-ton “ Foden ” wagons, 2 and 2½-ton petrol low-loading vehicles, and horses and carts.

Owing to the limited area available for tipping and the shallow depth, it is necessary to provide wood sleeper roads for each type of vehicle.

As soon as the several layers are completed and the finished level obtained, a covering of mould 2-ft. or more in thickness is placed on top and grass seed is sown.

The process has been closely followed during the year and I have received no complaints of flies, rats or offensive smells. The site of the tip has been inspected by officials from other authorities, all of whom have expressed satisfaction with the method and work as carried out.

There were 30,210 water closets and 128 pail closets in use in the borough at the end of the year. There were seven dry closets converted to the water carriage system. This insanitary form of convenience is being rapidly eliminated. The number of dry closets now existing is only one-third of those in use five years ago. In Tilehurst and other outlying parts of the borough there is a certain amount of old property, the value of which would scarcely justify the expense of connecting up with the public sewer. Most of this property will cease to be occupied as more houses become available.



**Sanitary Inspection of the Area.** The following report on the sanitary inspection of the area has been prepared from information supplied by Mr. J. Dodd, Chief Sanitary Inspector :—

TABLE XII.

Total number of visits to premises under Public Health and Housing Acts	...	...	...	...	12,836
Number of complaints received and investigated	...	...	...	...	467
Number of informal notices served (on owners)	...	...	...	...	194
(on occupiers)	...	...	...	...	27
Number of verbal notices	...	...	...	...	—
Number of written notices (statutory) on owners	...	...	...	...	—
Number of prosecutions	...	...	...	...	—
Number and nature of nuisances :—					
Dirty, damp or dilapidated houses	...	...	...	...	50
Overcrowded dwelling houses (complaints)	...	...	...	...	23
Dirty tenants	...	...	...	...	29
Defective roofs, gutters or down spouts	...	...	...	...	25
Defective sanitary fittings	...	...	...	...	95
Yards and areas, dirty or defective	...	...	...	...	17
Accumulation of refuse	...	...	...	...	15
Animals so kept as to be a nuisance	...	...	...	...	9
Miscellaneous	...	...	...	...	56

All of the notices served in respect of the above-mentioned nuisances were complied with.

One hundred and one house drains were tested during the year.

#### **Premises and Occupations which can be controlled by Bye-Laws or Regulations :—**

*Common Lodging Houses.* There are four common lodging houses in the borough. The total registered accommodation in these houses is as follows :—151 men, 5 married couples, 11 women—a total of 172 persons. The condition of some of these houses leaves something to be desired. One very old house has now reached such a stage of dilapidation that it cannot be kept in the condition required by the bye-laws. This house is scheduled for demolition as soon as alternative accommodation can be found for the proprietor and his family. All of these premises were regularly visited by the inspectors during the year. Night supervision and the maintenance of order is carried out under the direction of the police.

*Offensive Trades.* There are four premises in the borough where offensive trades are carried on. These trades include blood drying, fat melting and bone boiling, tripe dressing and gut scraping. Complaints have been received at various times in respect of one of these processes. Considerable alterations were made to the premises and more effective drainage carried out since when these conditions have improved. The nature of the material dealt with at this establishment is such that it is impossible to guarantee perfect freedom from nuisance.

TABLE XIII.

Factories, Workshops, Workplaces and Homework.

(a) Inspection.

Premises. (1)	Number of		
	Inspections. (2)	Written Notices. (3)	Prosecutions. (4)
Factories (including factory laundries) ... ..	65	—	—
Workshops (including workshop laundries) ... ..	259	—	—
Workplaces (other than outworkers' premises included in Part 3 of this report) ... ..	41	—	—
Total ...	365	—	—

(b) Defects Found.

Particulars. (1)	Number of Defects.			Number of Prosecu- tions. (5)
	Found. (2)	Remedied (3)	Referred to H.M. Inspector. (4)	
Nuisances under the Public Health Acts:—				
Want of cleanliness ... ..	15	15	—	—
Want of ventilation ... ..	—	—	—	—
Overcrowding ... ..	—	—	—	—
Want of drainage of floors ...	—	—	—	—
Other nuisances ... ..	—	—	—	—
Sanitary accommodation:—				
Insufficient ... ..	—	—	—	—
Unsuitable or defective ... ..	—	—	—	—
Not separate for sexes ... ..	—	—	—	—
Offences under the Factory and Work- shops Acts:—				
Illegal occupation of underground bakehouse (s. 101) ... ..	—	—	—	—
Breach of special sanitary require- ments for bakehouses ... ..	25	25	—	—
Other offences (excluding offences relating to outwork which are included in Part c of this report)	—	—	—	—
Totals ...	40	40	—	—



## (c) Homework.

Nature :—Wearing apparel (Tailoring, Knitting, Hosiery, etc.)

Lists received twice a year from employers	..	...	...	...	19
Number of outworkers	Contractors	...	...	...	9
	Workmen	...	...	...	36
Lists received once a year	...	...	...	...	2
Number of outworkers	Contractors	...	...	...	—
	Workmen	...	...	...	2
Outwork in unwholesome premises	...	...	...	...	—
Notices served	...	...	...	...	—
Outwork in infected premises	...	...	...	...	—

## (d) Registered Workshops.

Workshops on the register at the end of the year.  
(1)Number  
(2)

Retail Bakehouses	..	...	...	...	...	42
Tailoring	...	...	...	...	...	63
Dressmaking	...	...	...	...	...	23
Upholstery	...	..	...	...	...	7
Laundries...	...	...	...	...	...	4
Photography	...	...	...	...	...	5
Miscellaneous	...	...	...	...	...	182
Total number of workshops on register	...	...	...	...	...	326

*Canal Boats.* There are eight canal boats on the register, very few boats now being used as dwellings. Inspection under the Canal Boats Acts is now unimportant. Many of the boats coming into the area are either propelled or towed by power and the journeys accomplished much more rapidly. Men working the boats usually take lodgings at night.

*Caravans.* There are still a few caravans in the borough permanently used as dwellings in addition to the large numbers that visit in connection with the various fairs. No case of infectious disease was notified from any van and no serious nuisance has been reported since the removal of the colony of vans from the fair ground.

**Smoke Abatement.** Nuisance from smoke is not a serious menace to health in the area. Only three complaints of smoke nuisance were received during the year, in two of which the complaint was found not to be justified. In the remaining case alterations to the stack were carried out to remedy the nuisance. Thirty-one smoke observations were made.

**Rats and Mice (Destruction) Act, 1919.** The inspectors paid 271 visits to various premises in connection with the work of rat destruction, a problem that often presents very real difficulties. During the national rat week, owners of such properties as are likely to harbour rats are circularized in regard to the obligations imposed by the act and the best means of destroying vermin. The inspectors report that much continuous work is being done and increasing attention is given to the subject.

**Theatres and Cinemas.** These were frequently visited and the condition of the premises was at all times found to be satisfactory.

**Shops Acts (1912-1920).** The administration of these acts and the supervision necessary to make them effective has been under discussion by the Health and Watch committees.

The larger staff with men on duty at all hours would probably enable the police to note infringements of the acts and orders more rapidly than can be done by the occasional visits of inspection made by the inspectors.

Three prosecutions under the acts were instituted during the year.

## INSPECTION AND SUPERVISION OF FOOD.

**Sale of Food and Drugs Acts.** The number and description of the samples submitted for examination by the Public Analyst are set out in the following table :—

TABLE XIV.

Articles.	No. of samples taken	Number found to be genuine.	Not up to standard.
Milk ... ..	256	252	4
Butter ... ..	17	17	—
Biscuit Meal ...	1	1	—
Sausages ... ..	5	5	—
Cream ... ..	3	3	—
Totals	282	278	4

In four instances where milk failed to reach the standard set out in the regulations the vendors were interviewed by the Health committee. In each case it was decided that there had been no deliberate adulteration and no prosecutions were undertaken.

Vendors in such cases are advised to maintain regular supervision of the quality of the milk produced by means of chemical examination. In certain other cases the public analyst reported trifling deficiencies in either fatty or non-fatty solids. In the opinion of the analyst, however, these samples could be passed as genuine.

Experience indicates that greater care is now being exercised in the production and distribution of milk.

All milk samples were examined for the presence of preservatives and colouring matter with a negative result in each case.

### Milk (Special Designations) Order, 1923.

One licence has been granted for the production and sale of “ certified ” milk.



Six licences have been granted for bottling and 26 for the sale of "Grade A (Tuberculin Tested)" milk.

One licence has been granted for the production and bottling of "Grade A" milk.

No licence has been issued for the sale of pasteurized milk although a very large proportion of the milk sold is in fact pasteurized by one method or another.

The following records are required under the various acts and orders regulating the production and sale of milk :—

There are 215 retail purveyors of milk on the register. There are 54 producers and wholesale traders selling milk in the borough of whom 29 are resident outside the borough.

There are 25 cowsheds in the borough.

Effective supervision of the milk supply in all its aspects has been maintained.

**Tuberculous Milk.** During the year, 34 samples of milk were examined for the presence of living tubercle bacilli at the National Institute for Research in Dairying. A positive report was received in four cases which represents 11 per cent. of the total. This is in accord with the experience of previous years.

Owing to the comparatively small number of samples taken each year the percentage discovered to be infected is naturally found to vary. During the past eleven years 282 samples have been examined of which 31 were found to contain living tubercle bacilli. This would indicate that rather more than 10 per cent. of milk is infected. Reports from other areas confirm this view.

The procedure to be followed when an infected sample is found is set out in the law. It involves a veterinary inspection of the herd and the slaughter of the infected animal or the prohibition of the sale of milk from suspected animals. In three of the positive cases found during the year the infected animal was found and destroyed. In the fourth it appeared that the animal had already been removed from the herd at the time of the veterinary examination.

It should be noted that samples of designated milk or milk that has been subjected to a process of pasteurization is not examined.

In large towns much of the milk sold is pasteurized more or less efficiently. The danger arising from tuberculous milk is thus to that extent minimized.

**Meat. Slaughterhouses.** There are 24 slaughterhouses in the borough of which 14 are owned by the Corporation. Eight registered and two licensed are privately owned. The slaughterhouses owned by the Corporation, also those privately owned with two exceptions, are of old design and very inconvenient. The question of the provision of new public abattoirs is now under consideration.

The difficulty of disposing of condemned carcasses and offal has given rise to a great deal of thought during the year, but after a good deal of expense and trouble, it is now being carried out by a private trader in a fairly satisfactory manner.

The work carried out under the Imported Meat Regulations has been fairly extensive. Forty-seven visits were made to the four wholesale imported meat companies premises in the borough. The visits were made mainly to examine carcasses of mutton for the presence of caseous lymphadenitis. No fewer than 6,457 carcasses arrived and in accordance with the usual practice 10 per cent. were examined. Slightly over one per cent. was found to be affected with the disease and consequently destroyed.

The number of carcasses of beef destroyed seems high for a borough of this size. This can be accounted for by reason of the large number of cows killed for the London markets.

One case of anthrax was discovered at the abattoirs during the year.

Generally speaking, the meat sold in the borough is of a high quality.

Unsound Food Seized or Surrendered.	For Tuberculosis.	For other causes.
225 carcasses of beef ... ..	85	140
33 parts of carcasses of beef... ..	17	16
22 carcasses of veal ... ..	2	20
147 carcasses of pork ... ..	67	80
37 carcasses of mutton ... ..	—	37
894 heads or internal organs of beasts, pigs or sheep ...	577	317
547 lbs. of pork ... ..	—	547 lbs.
883 lbs. of beef (imported) ... ..	—	883 lbs.
2,383 tins of assorted foodstuffs (imported) ... ..	—	2383 tins
6 lobsters ... ..	—	6 lobsters
207 lbs. of fish ... ..	—	207 lbs.
418½ lbs. of bacon (imported) ... ..	—	418½ lbs.
58 lbs. of mutton ... ..	—	58 lbs.
20 lbs. of beef ... ..	—	20 lbs.
60 crabs ... ..	—	60 crabs
5 rabbits ... ..	—	5 rabbits

**Kitchens and Ice Cream Shops.** The advent of the street hawker of ice cream under the control of the large wholesale producers of this article has been responsible for a reduction in the number of small traders. From the point of view of health and cleanliness this is probably an advantage as the conditions under which ice cream is produced in unsuitable premises often leaves much to be desired.



Numerous visits have been paid to the kitchens of hotels and restaurants and it is found that the standard of order and cleanliness is much improved.

**Merchandise Marks Act, 1926.** This act prohibits the sale of imported goods under the name or trade mark of a British manufacturer or trader unless the goods show an indication of their origin, and enables orders in council to be made prohibiting the sale or the exposure for sale in the United Kingdom of imported goods of any class or description unless they bear an indication of origin. The indication of origin will be sufficiently shown by the word " Foreign " or " Empire " or by the name of their particular country and must be applied in a conspicuous manner.

Public attention was drawn to the provisions of the act by means of the press, posters and distribution of handbills. Some difficulty arises in the case of a few of the smaller shopkeepers, but the provisions of the act are, in the main, being carried out satisfactorily.

One or two infringements of the act were discovered but were rectified after warnings had been given.

## HOUSING.

There are approximately 23,000 inhabited houses in the borough. Except for a very limited number referred to below the general standard of fitness of these houses is good and their situation open and airy. A large proportion of the working-class houses have been constructed within the last forty years but a nucleus of very old property, more than one hundred years old, still remains.

Practically all of the houses are two-storey cottages built in terraces.

*Sufficiency of Supply of Houses.* There is still a very definite shortage of houses for the working classes. There are more than 2,000 applicants for houses on the books of the Borough Accountant. Since the year 1919 the authority has erected 1,232 houses and in the plan of construction submitted to the Ministry under the act of 1930, the council has undertaken to erect 2,000 additional houses in the next five years. The total number of new houses erected in the past five years including houses erected by the council, and those with the aid of a subsidy and by unaided private enterprise is as follows :—

Year.					No. of houses erected.
1926	...	...	...	...	... 522
1927	...	...	...	...	... 552
1928	...	...	...	...	... 232
1929	...	...	...	...	... 478
1930	...	...	...	...	... 382

There have been no important changes in the population and none are anticipated in the future.

No serious difficulty has been experienced in acquiring sites for new houses. An extensive site has already been procured for the housing programme of the next five years.

*Overcrowding.* There is a considerable amount of overcrowding in the borough of which examples have been given in previous reports.

A matter not less important is the very large proportion of houses which though not technically overcrowded are occupied by more than one family. At the last census it was found that approximately 10 per cent. of all houses were occupied by two or more families. Investigation has shown that in the better type of working-class dwellings this proportion is very much higher as the houses of the better classes and the very small slum properties are rarely occupied by more than one family. Inability to pay reasonable rents is not a principal cause of overcrowding as high rents are frequently paid for rooms and in houses let in lodgings.

It is not possible to take any serious steps to abate overcrowding so long as the present shortage of houses remains.

*Fitness of Houses.* There are approximately 600 houses in the borough which fall below a reasonable standard of fitness for occupation. Of this number the Housing committee have scheduled 238 for closing and demolition during the next five years.

Two years ago a census was made of all houses in the borough which are not provided with an adequate internal supply of water and with separate water closets. Conditions vary considerably in the various groups of houses investigated from those with one tap in the yard for each house to those groups where one stand-pipe serves seven or eight houses. There are corresponding variations in the sanitary accommodation provided and in the presence or absence of such conveniences as coppers.

The total number of houses discovered by these investigations was 391 to which must be added 107 houses which were then reported as unfit and which could not be made fit for human habitation.

Systematic inspection is carried out of all working-class houses in the borough and every effort is made to maintain them in a reasonable state of repair.

With regard to the older properties, the value in many cases would not justify radical schemes of repair or the provision of water closets and internal water supply. The type of house would frequently not permit these works. In such cases only the grosser defects can be remedied and the houses rendered weather and damp-proof and clean as far as possible. The closure of property of this type when the occasion offers is the only rational method of dealing with it.

In some instances the financial position of owners of property which is still under control of the Rent and Mortgage Restriction Act creates difficulties in getting necessary repairs effected.

The scheme contemplated by the committee for dealing with insanitary property is to make a series of clearance areas under the act of 1930 when the grouping of the houses lends itself to this procedure and to make individual demolition orders in the more isolated cases.



*Houses let in Lodgings.* There are no bye-laws in force in the borough relating to houses let in lodgings.

In most towns another aspect of the housing shortage is revealed in the letting as separate tenements of rooms in old houses of the better class without proper re-construction and without the provision of separate water closets, separate water supply and separate facilities for cooking. It has not been possible to obtain information in regard to all such houses, but a preliminary inquiry has been made in regard to 34 houses originally used as single dwellings which are now let to separate tenants. The number of separate families now occupying these 34 houses was found to be 162. The amount of reconstruction and the amount of additional sanitary and other accommodation which has been provided in these houses varies.

An interesting feature elicited by the inquiry was the comparatively high rents that can be obtained for these tenements. The houses are not, of course, subject to the Rent and Mortgage Restriction Act. It may be that the central situation of most of these houses makes tenants willing to pay what appear to be exorbitant rents, as well as the inability to obtain any other suitable accommodation. One house with a gross rateable value of £48 houses six separate families who pay a total weekly rent of £3 7s. 0d. Four of these families occupy one room each, and in two cases two rooms. The highest rent paid is 15/- and the lowest 9/- weekly including rates in each case. One very large house now houses eleven separate families—27 adults and 31 children—who pay a total weekly rent of £7 8s. 6d. Although additional facilities have been provided the arrangements for each family are not separate.

The adoption of bye-laws for the regulation and control of these premises should receive the consideration of the committee.

Details of the work done under the Housing Acts in a form prescribed by the Ministry of Health are set out in the following table :—

#### I. Unfit Dwelling Houses.

##### *Inspection.*

(1)	Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts)	...	...	...	...	...	1059
(2)	Number of dwelling-houses which were inspected and recorded under the Housing (Consolidated) Regulations, 1925	...	...	...	...	...	806
(3)	Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	...	...	...	...	...	137
(4)	Number of dwelling-houses (exclusive of those referred to under the preceding sub-heading 3) found not to be in all respects reasonably fit for human habitation	...	...	...	...	...	646

#### II. Remedy of defects without service of formal notices.

	Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers.	...	...	...	...	...	†634
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† Including 22 from 1929.

#### III. Action under Statutory Powers :—

##### *A. Proceedings under Section 3 of the Housing Act, 1925.*

(1)	Number of dwelling-houses in respect of which notices were served requiring repairs	...	...	...	...	...	...	30
-----	---	-----	-----	-----	-----	-----	-----	----

(2)	Number of dwelling-houses which were rendered fit	
	(a) by owners ... ..	22
	(b) by Local Authority in default of owners ... ..	—
(3)	Number of dwelling-houses in respect of which closing orders became operative in pursuance of declaration by owners of intention to close ... ..	1
<i>B. Proceedings under Public Health Acts. Sec 91.</i>		
(1)	Number of dwelling-houses in respect of which notices were served requiring defects to be remedied ... ..	—
(2)	Number of dwelling-houses in which defects were remedied	
	(a) by owners ... ..	—
	(b) by Local Authority in default of owners ... ..	—
<i>C. Proceedings under Sections 11 and 14 of the Housing Act, 1925.</i>		
(1)	Number of representations made with a view to the making of closing orders ... ..	13
(2)	Number of dwelling-houses in respect of which closing orders were made ... ..	13
(3)	Number of dwelling-houses in respect of which closing orders were determined, the dwelling-houses having been rendered fit ...	—
(4)	Number of dwelling-houses in respect of which demolition orders were made ... ..	13
(5)	Number of dwelling-houses demolished in pursuance of demolition orders ... ..	7

**Local Government and Other Officers' Superannuation Act, 1922.** The Medical Officer of Health is the medical referee for the Corporation in connection with appointments to the municipal service for the purposes of the above act.

The total number of medical examinations carried out up to the present time is 644, of which number 80 were during the past year.

### **GAS REGULATION ACT, 1920.**

The Medical Officer of Health is also officially appointed gas examiner under the Gas Regulation Act, 1920. In accordance with the prescription of the gas referees, a weekly examination of the gas supplied by the Reading Gas Company has been made throughout the year.

Under the act the company undertakes to supply gas of an average calorific value of not less than 460 British thermal units gross per cubic foot, at not less than two inches pressure, and free from any trace of sulphuretted hydrogen.

The following table shews the average maintained throughout the year as recorded in the quarterly reports :—

	Number of testings made.	Average number of British thermal units per cubic ft.	Pressure in inches (average).	Sulphuretted hydrogen.
1st Quarter	13	463.3	7.0	No trace.
2nd Quarter	13	462.6	7.3	do.
3rd Quarter	13	461.7	7.5	do.
4th Quarter	13	465.5	7.2	do.



## MENTAL DEFICIENCY.

The following report by Dr. J. Maxwell Taylor, medical officer for the purposes of the Mental Deficiency Act, shows the work done under the direction of the Mental Deficiency Committee and the extent of the problem to be faced :—

“ Mental deficiency is one of the many difficult problems for which Reading, in common with the rest of the country, has to try to find a solution. Several facts have helped to bring the subject into greater prominence. In the first place, Dr. Lewis' investigation, in the recent report of the Wood Committee, seems to indicate that the number of mentally defective persons has increased considerably within recent years. Again, the study of delinquency has called attention to the lesser degrees of abnormality which form a fairly high proportion of the community and help to swell the lists of the unemployables and those requiring public assistance. The reorganisation which is taking place in the elementary schools is also helping to sift the school population and to throw into relief the large numbers of retarded children there.

The first step towards the solution of the problem is the ascertainment of all the defectives in the area. On the 31st of December, 1930, there were being dealt with by the council the following numbers of mental defectives :—

				Males.		Females.
In institutions...	...	...	...	28	...	32
Under guardianship	...	...	...	10	...	8
On licence from institution	...	...	...	1	...	—

### *Cases at Home—*

(a) Under statutory supervision	...	...	...	80	...	68
(b) Under voluntary supervision	...	...	...	87	...	38

### *Cases examined during the year—*

				Males.		Females.
Idiots	...	...	...	1	...	—
Imbeciles	...	...	...	—	...	1
Moral defective	...	...	...	—	...	1
Feeble-minded	...	...	...	4	...	4
Not mentally defective	...	...	...	3	...	1

### *Cases attending Occupation Centre—*

				Males.		Females.
(a) Under statutory supervision	...	...	...	10	...	9
(b) Under voluntary supervision	...	...	...	2	...	1

In the Wood report, Dr. Lewis gives an estimate of mentally defective persons in urban and rural areas and it may be interesting to compare his figures with those ascertained, or probable, in Reading to-date.

*Reading Defectives**Dr. Lewis' estimate  
for Urban Areas,*

## Institution Cases—

In various institutions	...	...	60		
In Battle hospital (probable)	...	...	66		
			—	126	... 205

## Non-Institution Cases—

*Under guardianship	...	...	18		
On licence	...	...	1		
*Under statutory supervision	...	...	148		
†Under voluntary supervision	...	...	125		
Whitley special school	...	...	102		
Under 7 years (estimated)	...	...	98		
			—	492	... 445
				—	—
				618	... 650
				—	—

\* Some of these may require institutional care.

† Some of these may be allied to the dull.

It seems likely from the foregoing that the number of mental defectives in Reading will not fall far short of the estimate made by Dr. Lewis.

Apart from the actual ascertainment, a proper classification is essential. Are they to be institutional cases or not? Obviously it will be more economical to keep them in the community if it can be done with safety. Are they trainable or employable? In most cases a certain amount of habit training is essential in order that they may be the less troublesome or burdensome in the home or institution. If they can be further trained to be at least partly self-supporting, so much the better.

The second and more difficult part of the problem is “ the obligation to provide suitable training and supervision for them, or if supervision affords insufficient protection, to send them to institutions or to place them under guardianship ”.

In the past, the efforts made by the local authority to deal with this aspect of the question have been by no means inconsiderable. The department for mental defectives at Whitley special school has now been in existence for a number of years and the annual reports of the School Medical Officer show that a great deal of good work has been done and that many mental defectives have received benefit from the training given there. More recently the occupation centre has been established to deal with the lower grade defectives.

With regard to the provision of institutional treatment, Reading, like many other Authorities has no institution of its own and has been compelled to obtain beds on contract in various existing institutions. The drawback of this is that most are at some distance from Reading, making visitation more difficult and expensive. The proposed setting up of a Joint Institution for defectives at Wyfold Court is a commencement for the making of more satisfactory arrangements for housing those who cannot be retained in the community. Apart from the provision of an institution what is most urgently needed is a training centre for young adults especially of the higher grade and more troublesome type.



The third aspect of the problem is that of prevention. The many efforts that are being made to improve the social conditions of the community might lead one to expect that those efforts would bring in their train a lessening of the burden of mental deficiency. Yet we find that the evidence of the Wood report seems to indicate the contrary. If such be the case it becomes a matter of urgency that measures may be sought which may at least put a stop to this increase.

Amongst the suggestions most strongly urged is that of sterilization of the unfit. But in the opinion of those medical men who have most experience in mental deficiency this method is out of the question until more is known of the causes of mental deficiency, and, in view of our ignorance on this point they recommend the setting up of a committee of inquiry on the causal factors of mental deficiency.

An alternative to sterilization is the segregation of defectives in colonies and institutions, a plan which will involve the expenditure of a large amount of effort and money without completely solving the problem.

The prevention of the marriage of defectives is a point that might be urged, it being generally agreed that persons who cannot manage themselves or their affairs are unfitted to be entrusted with the upbringing of children.

There remain educational and other means of prevention—antenatal and child welfare clinics, improved housing, and lastly but most important, the education of the young in the laws of healthy living."

## APPENDIX.

I have pleasure in submitting a report on the study of the dietaries of a limited number of families in Reading by Professor E. P. Cathcart, F.R.S., Professor of Physiology in the University of Glasgow, and A. M. T. Murray, Ph.D., of that department.

The investigation forms part of a wider inquiry carried out in various centres under the direction of Professor Cathcart, with the support of the Medical Research Council, the actual observations in each place being taken by Miss M. Shanks of the Physiology department, Glasgow University.

The health department in Reading was glad to be able to afford facilities for the investigation and to give every possible assistance.

There are certain technical terms used in the report the explanation of which might be more fully indicated. The food requirements of individuals of different sex and at different ages are obviously not identical. Only by reducing each family to a standard unit—the man value—could

one compare a family consisting say of two adult males and one adult female with a family consisting of a mother and two young children. It will also be noted in the report that allowance has been made for visitors and absentees.

The foods consumed are classified in accordance with their useful constituents. The proteins are the nitrogen containing elements of food and are most abundant in meat and fish and certain other articles of diet like cheese, peas and beans, which have a high nitrogen content. Fats naturally include butter and certain vegetable fats such as are used in the preparation of margarine as well as animal fats. Carbo-hydrates are the sugars and starches and are in the main derived from the vegetable kingdom, sugars, rice, cereals, etc.

The calorie is a measure of the value of various articles of food in terms of its heat producing power.

The families investigated were of the poorer type and it is satisfactory to note that the social conditions of these families is favourably reported upon by an independent investigator, that the limited incomes are used with skill and that the physical condition of the children of these families is well maintained.

*Report on the Study of Dietaries of a limited number of Families in Reading*, by E. P. Cathcart, F.R.S. and A. M. T. Murray, Ph. D. :—

“The investigation, of which this is an extract, forms part of a much larger enquiry carried out by us with the support of the Medical Research Council into the nature of the diets commonly consumed in this country by people with a free, or relatively free, choice of foods. The collection of the data at Reading was made by Miss M. Shanks during the months of September until December, 1928. The families studied all belonged to the working class. In all, 62 families were investigated but five of the studies had to be discarded as they were manifestly unreliable. Each study was of one week's duration.

It will be noted that in the tables which follow that two “man values” have been used—family and diet man value. The term “man value” is a technical term which indicates that for purposes of assessment and of comparison the family studied has been reduced by the use of appropriate factors to terms of men. By the use of this fiction which is commonly employed, indeed must be employed, in such studies we are enabled to compare so to speak in one plane the food intake of families of varying composition and size. The term “family man value” represents the actual man value of the family studied and the “diet man value” the actual man value of those who consumed the food purchased during the study week, *i.e.*, allowance is here made for visitors or absentees. Needless to say special attention and treatment has been accorded in the final assessment of those families who draw, say, vegetables from their own allotments, receive free milk, etc.



Table I. gives a general summary of the mean values for the diets of the families studied :—

TABLE 1.

Man value.		Diet per man per day in gms.			Calories.	Expenditure on food per man per week.	Calories per 1d. spent.
Family.	Diet.	Protein.	Fat.	Carbohydrate			
4.35	4.30	75.0	100.8	408.2	2,906	7/3 $\frac{3}{4}$	242.2
...	...	S.D. 15.4	24.5	82.3	513.6	26.5 pence	43.4
...	...	% T.C. 10.5	32.1	57.4	...	...	...

S.D.=Standard deviation. % T.C.=Percentage yield of Total Calories.

It is interesting to compare these values with the average deduced from a number of other dietary studies conducted in Great Britain :—

TABLE 2.

Protein.		Fat.		Carbohydrate.		Calories.
Gms.	% T.C.	Gms.	% T.C.	Gms.	% T.C.	
104.5	12.5	94.5	25.5	517.2	62.0	3445

As, however, these studies are drawn from various strata of society it is perhaps more profitable to compare the Reading studies, drawn practically exclusively from families of the less well paid manual working class, with special studies devoted to the same class of family elsewhere :—

TABLE 3.

	Protein.		Fat.		Carbohydrate.		Calories.	Calories per 1d. spent.
	Gms.	% T.C.	Gms.	% T.C.	Gms.	% T.C.		
Reading	75.0	10.5	100.8	32.1	408.2	57.4	2906	242.2
Cardiff ...	78.7	10.1	113.6	33.2	440.9	56.7	3174	225.0
Glasgow (artisan)	87.9	11.7	96.8	29.3	441.1	59.0	3070	176.6

As these figures show, the average values for Reading are not very different from the average values for Cardiff and Glasgow.

An interesting comparison can be made between the diets of the two groups of families at Cardiff and Reading with incomes per man (a) below 10/-, and (b) below 14/- per week :—

TABLE 4.

No. of families.	% of total.	Studies.	Mean income.	Grammes.			Calories.	Calories per Id. spent.
				Protein.	Fat.	Carbo-hydrates		
15	27.2	Cardiff ... (below 10/-)	8/6	74.2	87.5	447.2	2939	263.0
14	25.4	Cardiff ... (below 14/-)	11/4 $\frac{3}{4}$	70.4	101.7	408.2	2897	239.8
15	30.6	Reading ... (below 10/-)	8/5	64.7	80.5	515.7	2542	285.2
20	40.8	Reading ... (below 14/-)	11/10	79.6	100.4	432.7	3023	241.0

The comparison is most interesting but when making it, it must be remembered that the families of the Reading studies are the poorer. In the case of Cardiff the two groups represent 27.2 and 25.4 (in all 52.6) per cent. respectively of the families (55) from whom reliable information as regards their income was obtained. In the case of Reading the percentage represented 30.6 and 40.8 (in all 71.4) per cent. of the 49 families from whom we have reliable income data. In both series it will be noted that with the rise in income there is a rise in the consumption of fat. In Cardiff this is associated with a slight fall in the intake of protein and a definite fall in the intake of carbohydrate whereas in Reading it is associated with a definite rise in the intake of protein (probably increase in meat consumption) and a definite fall in the intake of carbohydrate. The calorie value of the diet of the lowest Reading diet is a low average, resembling that of the poor Glasgow class (2574) but definitely above the value found in the poor Dundee class (2159).

Incidentally this table brings out very clearly the fact commonly observed in other diets that, with falling income, there is a rise in the return per penny spent. As has been pointed out elsewhere this is no evidence of purchasing ability on the part of those with low incomes, it is merely indicative of the fact that as necessity drives the money is spent for the most part on the cheaper qualities of foodstuff. Still, there is evidence of the existence of a curious selective power exhibited in the purchases as when Table 4 is examined it will be noted that there is no strikingly abnormal distribution in the amounts of protein, fat and carbohydrate present in the two sets of diets compared.



As in several of our previous studies the fact again emerges in the Reading diets that as the money available for the purchase of food rises, there is some absolute rise in the consumption of protein, although there is little or no change in the percentage of calories obtained from this source. On the other hand there is a very definite rise both in the absolute amount of fat consumed and in the calorie percentage from this source at the expense of carbohydrate.

Of the families investigated it was found that 12 gave man values ranging from 2,500 to 1,708 with an average of 2,193. It is generally and we believe correctly assumed that a man value of 2,500 calories per diem is very close to that requisite for a man employed in sedentary work and 1,708 is just above that required by the average man kept warm and at complete rest. We believe we have evidence that although these figures do represent the man values of the diets in question they do not represent the actual distribution of food in the household. When the household diets reach such low levels then, generally speaking, the man receives more than his due share. Still such figures are abnormally low. Intakes of this order just suffice to "keep body and soul" together.

When we turn to the more purely social aspects of the study it is a pleasure to record that, out of 54 families where both parents were alive, using the standards employed in previous studies (the assessment being made by the same investigator, Miss Shanks), no less than 42 or 78 per cent. could be classed as good. If the mothers alone were considered, the percentage of good was increased to over 92 per cent.

Certain observations regarding both height and weight of the children of the households studied were also made. Unfortunately in the first place our numbers are very small and in the second place few data are available by which we could test our children against other Reading children. Comparison with figures obtained from a large group of school children drawn from various districts of England and Wales and with other groups of children recorded by the British Association shows, always remembering our limited numbers, that apparently the Reading children are well up to these standards both as regards height and weight. This applies both to boys and girls.

When more local comparison is made with such data as is available, as the following table (Table 5) shows, the children of the study do not diverge to any considerable extent and can therefore be regarded as a more or less average sample of the child population."

BOYS.

TABLE 5.

Present study.			A.		B.		C.		
Age.	Weight in lbs.	No.	Weight in lbs.	No.	Weight in lbs.	No.	Age.	Weight in lbs.	No.
5	42.8	5	39.5	36	40.8	69	5 3/12	40.5	389
8	50.9	7	52.0	91	56.3	200	8 3/12	54.8	773
12	86.8	4	73.3	51	77.5	143	12 3/12	76.5	445
	Height in inches.		Height in inches.		Height in inches.			Height in inches.	
5	41.8	8	41.0	36	41.3	69	5 3/12	41.3	389
8	46.7	7	47.0	91	48.0	200	8 3/12	47.8	773
12	57.3	4	54.0	51	55.3	143	12 3/12	55.0	445

GIRLS.

Present study.			A.		B.		C.		
Age.	Weight in lbs.	No.	Weight in lbs.	No.	Weight in lbs.	No.	Age.	Weight in lbs.	No.
5	38.7	9	37.5	30	40.0	74	5 3/12	39.3	416
8	49.9	6	50.5	91	53.0	167	8 3/12	52.5	719
12	82.3	4	73.5	42	77.8	178	12 3/12	77.8	515
	Height in inches.		Height in inches.		Height in inches.			Height in inches.	
5	39.6	9	40.3	30	41.0	74	5 3/12	41.0	416
8	48.0	6	47.0	91	47.3	167	8 3/12	47.5	719
12	58.4	4	55.0	42	55.8	178	12 3/12	55.8	515

A.=Katesgrove, Greyfriars, St. Giles' and St. Mary's Schools.  
 B.=Alfred Sutton, Wilson and George Palmer Schools.  
 C.=Reading Elementary Schools, 1929.



COUNTY BOROUGH OF READING.

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# Annual Report

OF THE

School Medical Officer

FOR THE YEAR

1930.

## READING EDUCATION COMMITTEE.

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**COUNTY BOROUGH OF READING.**

OLD COLLEGE BUILDINGS,  
ST. LAURENCE'S CHURCHYARD,  
READING.

*April, 1931.*

**TO THE CHAIRMAN AND MEMBERS OF THE  
EDUCATION COMMITTEE.**

Ladies and Gentlemen,

I beg to submit the annual report on the medical inspection and treatment of school children.

The work is carried out in accordance with the requirements of the Board of Education and has now attained some degree of uniformity. Each child is examined three times in its school life so that approximately one-third of the children in attendance come up for medical examination annually. In addition to these examinations any child suffering from a specific defect is submitted for special medical examination.

Details of the results of these examinations and the provision made for the treatment of special defects will be found in the report.

Exclusive of children examined for particular defects it is found that 11 per cent. of all children in attendance at school are suffering from conditions requiring immediate medical treatment. A further considerable percentage are found deficient in a less degree and are maintained under observation.

In addition to the treatment provided the educational value of the work of school medical inspection is very great. I am glad to report that this educational work is ably seconded by the teaching staff practically all of whom now give the teaching of hygiene a definite place in the syllabus.

A report of this nature would be incomplete without reference to the work of Dr. J. A. P. Price who resigned from the medical staff during the year. Dr. Price had been engaged in school medical work in the borough for 31 years and was a pioneer in work of this nature not only in Reading but in the country. The value of this work is fully appreciated by his successors and evidence of it is seen in the committee's special schools which were amongst the first of the kind to be established.

As the committee has now decided to extend the dental services, attention is drawn to the report of Miss M. MacKinnon, L.D.S., on the dental work carried out during the year. The reports on special schools by Dr. Taylor and on the work of special clinics by Dr. Bernfeld are also submitted.

I am,

Your obedient servant,

H. J. MILLIGAN,

*School Medical Officer.*

STAFF.

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*Medical Officer of Health and School Medical Officer.*

H. J. MILLIGAN, M.C., M.D., D.P.H.  
of Gray's Inn, Barrister-at-Law.

*Senior Assistant School Medical Officer,  
and Certifying Officer under the Mental Deficiency Act,*

J. MAXWELL TAYLOR, M.A., M.B., Ch.B., D.P.H.

*Assistant School Medical Officer.*

AGNES BERNFELD, L.S.A., D.P.H.

*Assistant School Medical Officer (part time)  
and Certifying Officer under the Mental Deficiency Act.*

J. A. P. PRICE, B.A., M.D.  
(Retired Easter, 1930).

*Dental Surgeon.*

MARION SMITH MACKINNON, L.D.S.

*Nursing Staff.*

Mrs. A. A. ATKINSON.

Miss R. ATTWOOD.

Miss E. CALDER.

Miss O. EDGAR.

*Clerical Staff.*

Miss W. M. DIX.

Miss M. C. DALZIEL.



## SUMMARY.

The following tabular statement represents the numbers of children who came under review by the officers of the school medical department during the year :—

Children in average attendance at elementary schools	...	...	...	...	...	11,246
Elementary school children examined	...	...	...	...	...	4,151
Examined at secondary schools	...	...	...	...	...	382
Miscellaneous examinations (employed boys, etc.)	...	...	...	...	...	224
Treated at minor ailments clinic	...	...	...	...	...	938
Treated at ringworm clinic	...	...	...	...	...	26
Treated at eye clinic	...	...	...	...	...	609
Treated at ear clinic	...	...	...	...	...	207
Examinations by school dentist	...	...	...	...	...	2,688
Treated by school dentist	...	...	...	...	...	2,315
Total attendances at various clinics	...	...	...	...	...	25,791
Total examinations by nurses for cleanliness	...	...	...	...	...	35,224
Home visits by nurses	...	...	...	...	...	1,524
Number of baths given to children	...	...	...	...	...	114
<hr/>						
Number of meals provided for school children	...	...	...	...	...	47,776

## COUNTY BOROUGH OF READING.

### THE SCHOOL MEDICAL SERVICE IN RELATION TO PUBLIC ELEMENTARY SCHOOLS.

#### School Sanitation and Hygiene.

A general description of the schools has been given in previous reports. I am indebted to the Borough Surveyor's Department for the following account of various improvements which have been carried out by the repairs department during the year. From this it will be seen that much has been done to improve the amenities of the schools.

*Grovelands School.*—The whole of the sanitary arrangements at the school have been remodelled on the latest practice and additional accommodation has been provided for the staff and for girls.

The hall has been enlarged by altering two large screens as well as some minor improvements in water service and paving.

*Wilson Schools.* The whole of the obsolete sanitary fittings have been replaced by modern water closets and urinals of glazed fireclay.

*Battle School.* A new staff lavatory has been built and some improved type lavatory basins have been installed in the girls' lavatory.

*Redlands School.* New practical science, handicraft and domestic science rooms have been formed at this school and an alteration to improve and enlarge the infants' assembly hall.

*New Town and Katesgrove Schools.* Both these schools have had new practical science rooms installed.

It should be noted that opportunity is taken in doing alterations of this kind, to improve the artificial lighting, and wherever possible the ventilation and natural lighting.

*Generally.* A good deal of work has been done in re-decorating the walls of classrooms in pleasant colours and in improving the water supply and gas lighting and in E. P. Collier school, electric lighting has been installed throughout.

The repairs department of the Corporation endeavour, whenever called upon to replace old sanitary apparatus, to refit with the latest type. Similarly any replacements of gas fittings are invariably of an improved type giving higher illuminating power and improved combustion.

During the next year, £200 is to be spent on providing improved and increased facilities for drinking water at the elementary schools.

It is also intended to bring the sanitary apparatus at four more schools into line with modern ideas."



*Teaching of Hygiene in the Schools.* In previous reports the urgency of a greater enthusiasm for the teaching of hygiene in the schools has been emphasised. It might be appropriate to quote from Sir George Newman's latest report on the health of the school child. He says :—

“ For many years I have endeavoured consistently to advocate in these reports the teaching of hygiene in all grades of schools. I have done this not only because Parliamentary Committees and Royal Commissions have urged its importance and paramount necessity and called upon the Board of Education to provide such instruction, but because I am profoundly convinced that such teaching is essential to the national health and well-being. We cannot get, and we need not expect to get a healthy people unless our youth are trained in health ” and further he points out that—

“ a reasonable minimum of teaching a subject so vitally affecting the whole education, capacity, health, and even life of the child might include the following :—

- (i) that there should be no elementary school chargeable to the rates and taxes, and where children are compelled by Act of Parliament to attend, in which the practical and sensible teaching of health is in any way neglected, or allowed to fall into abeyance, or be side-tracked ;
- (ii) that hygiene should be systematically taught at least once a week, and practised every day throughout the nine years of the child's school life ;
- (iii) that instruction in hygiene should be given, as a rule, by the school teacher.”

I am glad to be able to report that the teaching of hygiene has now a definite place in the syllabus of practically all schools in the borough.

### **Medical Inspection.**

The number of children on the rolls of the elementary schools is 12,577, with an average attendance of 11,246. The former figure shows a decrease of 41 on the number in the preceding year and the average attendance an increase of 137.

The groups of children inspected are those set out in the recommendation of the Board of Education, namely :—

- (a) Those admitted to school during the year. Children who are admitted at three years of age are again examined on reaching the age of 5.
- (b) Those between the age of eight and nine years.
- (c) Those between the age of 12 and 13 years and all older children who have not been examined after attaining 12 years. In the central schools the 15 year age group is also examined.

In addition to the routine groups examined, any child reported as suffering from a particular defect is examined specially, either in school or at the clinic.

Each school is visited four times a year, three times for routine inspections and once for re-inspections. This method enables close touch to be kept with the general health conditions in the schools.

The examinations are carried out on the school premises, either in a special room or in a classroom.

The numbers examined this year represent 37 per cent. of the average attendance. The subjoined table shews the average numbers examined in each group of routine and special cases and the average numbers of re-examinations each year since 1921 :—

	1921-1923	1924-1926	1927-1929	1930
“ Routine ” examinations	4,618	4,371	4,419	4,151
“ Special ” examinations	1,789	1,597	1,531	1,533
Re-examinations ...	5,236	9,797	8,596	6,351

### Findings of Medical Inspection.

The results of the routine medical inspections are set out in detail in Tables II. A. and B, at the end of this report. In viewing the findings it will be seen that no very great variation in the percentages of defects found occurs from year to year. An improvement, however, is to be observed in the group of defects which are allied to uncleanliness, for example, impetigo, scabies and ringworm and what is equally satisfactory, in the number of children who were found to be underweight. Other defects, such as enlarged tonsils and adenoids, defective vision and otorrhoea are practically the same in numbers as were noted in 1929 and previous years.

(a) **Uncleanliness.** The figures for 1930 show that the improvement noted in previous years has been maintained. This result is a striking tribute to the unremitting efforts of the nursing staff and of the teachers.

Table IV., Group V., which gives the results of the nurses' cleanliness inspections in the schools also shows similar results to previous years.

The following figures show the prevalence of uncleanliness of head and body at the routine medical inspections since 1921.

Average percentage of uncleanliness :—

	1921-1923	1924-1926	1927-1929	1930
Head ... ..	8·3	4·7	4·0	3·3
Body ... ..	2·5	2·0	1·0	·6

In 1930, one prosecution was undertaken under Section 87 of the Education Act, 1921. The parent was convicted and fined five shillings.



(b) **Minor Ailments.** These complaints comprise impetigo, ringworm and sores. Most of these are seen as special cases at the school clinic. Many of them entail prolonged absence from school, but as previously mentioned and the following table shows they appear to be declining in numbers.

Table showing the average number of principal skin complaints found at routine and special inspections since 1921 :—

	1921-1923	1924-1926	1927-1929	1930
Ringworm, head	116	59	45	40
„ body	73	55	33	37
Scabies	25	6	4	9
Impetigo	447	329	273	163

(c) **Tonsils and Adenoids.** The total number of cases requiring treatment or to be kept under observation was 243, or 5·8 per cent., compared with 5·6 per cent. in 1929. In this connection it is worthy of mention that in the different age groups this year, 15·4 per cent. of the leavers, 13·8 per cent. of the intermediates and 5·0 per cent. of the entrants had already been operated on.

(d) **Tuberculosis.** Eight cases of suspected pulmonary tuberculosis were found. There were four non-pulmonary cases of which three were quiescent.

(e) **Skin Diseases.** Forty-six cases, or 1·1 per cent. of those examined were found to be suffering from skin disease. These are considerably fewer than last year.

Most of the cases of skin disease are seen as special cases at the clinic.

(f) **External Eye Disease.** There were 33 cases (chiefly blepharitis).

(g) **Vision.** The number of children with defective vision was 414 or 9·9 per cent. It should be noted that the vision of the entrants is not tested unless they have a squint, so that the actual percentage of children with defective vision would be much larger than this. In the previous year the percentage was 9·5. Very many children have eyesight below normal but quite good enough for ordinary purposes, so that, provided they remain free from eyestrain and show no increase in short-sight, no glasses are necessary. These children are kept under observation.

(h) **Ear Disease and Hearing.** Cases of defective hearing amounted to 1·3 per cent. and of discharging ears to 0·7 per cent. These figures are similar to last year's in both instances.

(i) **Dental Defects.** At the medical inspections, cases of dental caries are reported only if the disease is extensive or if it is considered that affected permanent teeth are capable of being saved. The results of the inspections by the dentist are shown elsewhere.

(j) **Crippling Defects and Deformities.** Fifty-one cases were noted at the routine inspections. There were five cases of infantile paralysis. Most of the others were round shoulders and flat foot. In 1929 the number was 66.

## NUTRITION.

The tables given below shew the average height and weight of the children examined at routine inspections during the year, with comparative figures for previous years and also figures obtained from a recent survey of elementary school children throughout the country.

## ELEMENTARY SCHOOLS.

## Height in Inches.

1930			English elementary school children,	Reading children, 1928.	Reading children, 1929.
Age.	No. of children.	Av. height of Reading children.			
5 $\frac{3}{12}$ (boys)	421	41	41.8	41	41 $\frac{1}{4}$
(girls)	431	40 $\frac{3}{4}$	41.5	40	41
8 $\frac{3}{12}$ (boys)	724	47 $\frac{3}{4}$	48.1	47 $\frac{3}{4}$	47 $\frac{3}{4}$
(girls)	677	47	47.8	47 $\frac{1}{2}$	47 $\frac{1}{2}$
12 $\frac{3}{12}$ (boys)	474	55	55.3	55 $\frac{1}{2}$	55
(girls)	456	55 $\frac{1}{2}$	55.9	56 $\frac{1}{4}$	55 $\frac{3}{4}$

## Weight in Pounds.

1930			English elementary school children,	Reading children, 1928.	Reading children, 1929.
Age.	No. of children.	Av. weight of Reading children.			
5 $\frac{3}{12}$ (boys)	421	40 $\frac{3}{4}$	39.3	40 $\frac{3}{4}$	40 $\frac{1}{2}$
(girls)	431	40	38.1	38 $\frac{1}{4}$	39 $\frac{1}{4}$
8 $\frac{3}{12}$ (boys)	724	55 $\frac{1}{4}$	51.9	54 $\frac{1}{4}$	54 $\frac{3}{4}$
(girls)	677	52 $\frac{3}{4}$	50.2	52	52 $\frac{1}{2}$
12 $\frac{3}{12}$ (boys)	474	78 $\frac{1}{2}$	72.8	76 $\frac{3}{4}$	76 $\frac{1}{2}$
(girls)	456	78	75.1	77 $\frac{3}{4}$	77 $\frac{3}{4}$

It is very satisfactory to note that, although the average heights are somewhat under the corresponding figures for last year, the weights in all the groups are higher.

**Infectious Diseases.** The practice of the authority in the exclusion of children from school follows the principle laid down in the joint memorandum of the Ministry of Health and the Board of Education. The following summary shows the number of patients and contacts excluded during the year :—

	Patients.		Contacts.	
Scarlet fever ... ..	92	...	126	...
Diphtheria ... ..	59	...	117	...
Measles ... ..	85	...	—	...
Scabies ... ..	9	...	—	...
Verminous conditions, etc. ... ..	553	...	—	...

Two schools were closed during the year, one on account of mumps and whooping cough, and one for chicken pox.



**Following-up.** Parents of all children with defects are notified and recommended to obtain medical advice. A "following-up" card is made out for each of these children and a list is also sent to the head teacher. In the case of parents who cannot afford to send their children to a private doctor an invitation is sent to them to attend the school clinic. Once a year children with defects are re-inspected in the schools, and when necessary, the nurses visit the homes. During the year 1,524 visits to the homes were made by the nurses.

The schools are divided into three groups to each of which a nurse is attached. The nurses attend all the medical and dental inspections, the minor ailments, inspection and other clinics of which the work is described under "treatment". The nurses also undertake cleanliness surveys in the schools, each child being inspected once a term or oftener if necessary.

## MEDICAL TREATMENT.

(a) **Minor Ailments.** The school clinic is open every morning from 8.30 a.m. till 12 noon. As will be seen from the treatment table, group I., the total number of cases treated, namely 938, is somewhat less than last year, when 1,010 children came under treatment. The cases dealt with in addition to skin diseases include the majority of the external eye defects, minor eye defects and minor injuries. There was a decrease in all the classes of defects.

The total number of cases attending the ringworm of the scalp clinic during the year was 26, of which 25 were new cases. Of the new cases, eight were treated by x-rays, the remainder being dealt with by local applications.

(b) **Tonsils and Adenoids.** The authority's scheme for the operative treatment of enlarged tonsils and adenoids at the Royal Berkshire hospital has been continued during the year. Eighteen children were operated on. All children are detained in hospital for one night or longer if required.

Seventy-four children received operative treatment apart from the special arrangements made by the committee and 51 of the less severe cases were treated by means other than operation.

(c) **Tuberculosis.** Cases of suspected tuberculosis are referred to the tuberculosis officer if they are not under a private doctor. In Table III., and in the report of the open-air school will be seen particulars of children dealt with during the year.

## OPHTHALMIC CLINIC.

A clinic for the diagnosis and treatment of defects of vision is carried on weekly (two sessions) and is conducted by Dr. Taylor. The number of attendances made was considerably larger than in previous years.

During the year 609 children, including 246 new cases attended and the total number of attendances was 1,572. Glasses were prescribed for 283 children and the following are the various errors of refraction from which they suffered :—

Myopia	...	...	...	98=34 per cent
Myopic astigmatism	...	...	...	26= 9 „ „
Hypermetropia	...	...	...	73=26 „ „
Hypermetropic astigmatism	...	...	...	75=26 „ „
Mixed astigmatism	...	...	...	11= 3 „ „

Forty children were found not to require glasses.

All the children for whom glasses have been prescribed are re-examined at intervals.

Spectacles are provided through the agency of the Education committee the parents contributing to the cost in accordance with the terms of an income scale. Table IV., Group II. on page 103 sets out in detail the numbers of children dealt with at the clinic or otherwise and the agency through which their defects of vision were remedied.

### EAR, NOSE AND THROAT CLINIC.

An ear, nose and throat clinic is held every saturday morning under the charge of Dr. Bernfeld. The following are the particulars of the work of the clinic during the year :—

“ No. of children attending	...	207
No. of new cases	...	132
Total number of attendances	...	917

New cases classified—

Otorrhoea	...	...	...	54 (four of which when examined no evidence of otorrhoea was found though a history of it was given)
Deafness without discharge	...	...	23	
Throat and nose defects	...	...	51	
Boil external meatus	...	...	3	
Sand in ear	...	...	1	

Old cases who attended, classified—

Otorrhoea	...	...	...	31
Deafness without discharge	...	...	...	5
Throat and nose defects	...	...	...	39

Result of treatment of old cases—

			Cured.		Improved.
Otorrhoea	...	...	26	...	2
Deafness	...	...	5	...	~
Throat and nose defects	...	...	36	...	1
Ceased to attend	...	5	—	...	—



## Result of treatment of new cases :—

			Cured.		Improved.
Otorrhoea	...	...	42	...	4
Deafness	...	...	12	...	3
Throat and nose defects		...	11	...	26
External ear defect	...	...	4	...	—
Ceased to attend	...	24	—	...	—
Referred to own doctor		3	(one otorrhoea, one nasal blockage, one otorrhoea and tonsils)		
Referred to hospital...		3	(one otorrhoea and tonsils and adenoids, two tonsils and adenoids)		
<i>Ionisation</i>	...	...	34 treated		34 cured
<i>Diastolisation</i> :—					

			Old cases.		New cases.
Cured	...	...	59	...	24
Still attending	...	...	1	...	33
Ceased to attend	...	...	4	...	28

In treating otorrhoea and deafness one has also to take into account the accessory factors : such as somewhat enlarged tonsils and nasal catarrh as well as the purely local condition and this in all cases has been done, *e.g.*, where moderately enlarged tonsils were seen they were treated with the iodine paint as mentioned in the 1929 report and in the case of nasal catarrh diastolisation was given.

**Ionisation** was begun here in September, 1923 ; as far as has been possible the children so treated have been examined once annually to verify as to whether the curative action has been a lasting one. We have had extremely satisfactory results year by year. Now many of the children are beyond school age and several of them of school age have left the town.

In the last six years, 178 children were ionised ; the previous reports will show how comparatively few children either only improved or did not benefit by the treatment.

In December, 1930, 15 of the old cases were seen to be still in good condition.

All the 34 cases ionised in 1930 may be regarded as cured.

Two old cases had to be re-ionised in 1930 :—

- (a) Had double otorrhoea and was ionised in 1923, she returned early in 1930 with right otorrhoea, was ionised and is now apparently cured.
- (b) Had the left ear ionised in 1926 and was free from trouble until early 1930 when she was again ionised and is now again apparently cured.

**Diastolisation.** The treatment is a lengthy one, lasting five to six months as it is impossible to get the time in to see each child more than once a week. Possibly this accounts for the number of children ceasing to attend after two or three months. That the treatment is completely satisfactory is shown by the table of results in 1929 and 1930.

This year one case of ozoena in a child of three years two months was much improved and two children with frontal headaches were cured.

The majority of children were suffering from nasal catarrh and their ages ranged from three to 16 years."

## DENTAL CLINIC.

I beg to submit the report of Miss Marion Smith MacKinnon, the school dentist, on the work done during the year :—

" Nine schools were inspected during the year, inspections taking up twenty sessions, the rest of the time being devoted to treatment.

The model scheme would provide that each child was inspected once a year and it is found that in a borough the number of children one dentist can conveniently handle is from 4,500-5,000.

If children are inspected and treated annually, the amount of treatment required is very much less than after a longer period between inspections, and the visits to the clinic per child are fewer, so that a greater number of children can be dealt with.

It now takes slightly over three years to complete the inspections at school and consequently the amount of treatment required per child is very great. Some of the children are not seen until they are eight years of age, when they may require as many as eight extractions and large stoppings in their first permanent molars, quite a strain on the child, when a little treatment annually from five years of age would not have been noticed. Some of the children when inspected for the first time, even at the early age of seven or eight are found to have their first permanent molars in an unsaveable condition, due to the neglect of the first dentition.

The appointment of a second dentist, which will probably take place this year, will certainly improve matters considerably.

With regard to specials, I have not counted as specials children who have been inspected during the last three years.

Of the children inspected during the year, 76·1 per cent. required treatment and 55 per cent. of these accepted. Two hundred and eighty-two children also attended after having refused treatment.

During the last 10 years the percentages of acceptances have been, 36, 42, 50, 45, 47, 54, 55, 56, and 55 and I think that we shall undoubtedly be able to increase the number of acceptances when we increase the staff and have more time to talk to the parents and children.

As a matter of fact, although the number of acceptances appears to be stationary during the last few years, it is actually on the increase, as it is found that many children have already had treatment at the clinic before the inspection, being unable to wait for the dentist's visit to school.



For example, in a school which returns the average number of acceptances, it was found that out of 61 infants who did not require treatment at the inspection, 23 had been treated at the clinic within the last year, 23 of the 67 juniors had been already treated and 16 of the 52 seniors.

The best return we had was from Shinfield Road school, where 66·8 per cent. of the children requiring treatment accepted.

Of the 826 permanent teeth extracted, 82 were removed for regulation purposes and five were supernumerary.

Three hundred and seventeen children under six years were treated as specials, of which number, 59 were referred from welfare centres and 31 were necessitous children under school age.

The average number of patients treated per session—including expectant and nursing mothers—was 12·35 ; 86·3 per cent. of the appointments made were kept.”

### **CRIPPLING DEFECTS AND ORTHOPAEDICS.**

A register is kept of all children known to be suffering from crippling defects and they are constantly kept under observation. The infant welfare visitors refer known cases of crippling to the school medical department when the children reach school age. All necessary treatment for crippling defects is received in the orthopaedic department of the Royal Berkshire hospital. Twenty-six of the scholars in the physically defective school are attending the out-patient department. More prolonged institutional treatment was provided during the year for one boy at the Wingfield hospital, Headington, and for one boy at Hayling.

The Health committee of the council also provided institutional treatment at Headington for 9 children of school age who were suffering from non-pulmonary tuberculosis.

In four instances, monetary assistance was given towards the supply of surgical appliances for physically defective children attending Whitley special school.

A considerable amount of assistance is also available for crippled children through voluntary agencies in the town.

### **OPEN-AIR EDUCATION.**

Arrangements are made in nearly all schools to hold classes in the playgrounds when the weather permits. In certain of the older schools where the playgrounds abut on the public streets such classes would not be easily practicable. Nature study walks are also frequently arranged, especially for the younger children and school journeys to places of interest in London and to various seaside places are undertaken by some of the classes.

A party of girls from St. Mary's school, under Miss Morris, the head-mistress, spent a most enjoyable fortnight at the seaside, the Education committee giving a grant towards the expenses.

As mentioned in a previous report, the new school at Shinfield is built on open-air lines. The work of the open-air classes at Whitley special school is reported on below.

### PHYSICAL TRAINING.

I am indebted to Mr. F. V. Merriman, the Chief Education Officer, for the following report on the work of physical training in the public elementary schools of the borough during the past year :—

“ The organisers of physical education are pleased to report that physical education as carried out in the primary and post-primary schools of the borough continues to maintain the standard of efficiency of previous years.

Particular attention has been given to formulating a progressive scheme for all types of schools and the organisers are gradually co-ordinating the work from primary to post-primary schools.

*Refresher Courses.* Staff “ refresher courses ”, as enumerated below, have been held during the autumn and winter terms. These courses provide an opportunity for the teaching staff to discuss the various problems in physical education with the organisers.

- I. Games—for scholars under seven years of age.
- II. „ for girls from seven years to eleven.
- III. „ for girls from eleven to sixteen years.
- IV. Physical training with use of portable apparatus for girls and boys attending post-primary schools.

These courses are unofficial in character and thanks are due to the Vice-Chancellor of the University for granting the use of the University gymnasium.

*Organised Games—Netball.* A netball tournament was held on Battle playing field in April last. The play reached a high standard in the final games, and in the early rounds and semi-finals the good team work and true sporting spirit of the girls gave evidence of careful training during the organised games periods.

*Cricket.* The nature of the various pitches used by the boys in the public parks and recreation grounds is still an obstacle to progress. The wickets were often pitched on ground unsuitable for the game, and in consequence instructional work was greatly hampered.

*Playground Pitches.* The new method of marking playgrounds for organised games has so far proved successful, the lines being clearer than in previous years when the work has been done by hand.



*Gymnastic Apparatus.* The following gymnastic apparatus is to be placed in post-primary schools, where a physical training room or school hall is available :—

- 1.—Balance benches.
- 2.—Box horses.
- 3.—Mats.

*Swimming Summary, 1930* (instructional lessons)—

Boys ...	814	started to attend	...	316	taught to swim
Girls ...	540	„ „ „	...	198	„ „ „

*Voluntary Associations.* Acknowledgment and appreciation are due to the following Associations for their continued and successful services to the children :—

- (a) Schools Athletic Association.
- (b) Schools Football Association.
- (c) Schools Swimming Association.

We would, in conclusion, express our thanks to the Education committee for their practical sympathy, to the Chief Education Officer, and to head teachers and teaching staff for their valued co-operation.”

## PROVISION OF MEALS.

During the year 280 children received free meals, 47,776 meals in all being provided. The meals are cooked at the central kitchen in Southampton street, and distributed to two additional centres, in Newtown and Shinfield. Dinners only have been provided. The quality of the food provided and the manner of distribution are satisfactory.

In view of the importance of milk in the diet of the growing child, it is interesting to record that an increasing number of the scholars attending the Reading elementary schools get a supply of milk at the morning interval. Part of this is grade A (tuberculin tested) milk, and a considerable amount is supplied in bottles holding one-third of a pint. The latter method has proved very convenient and will doubtless be further extended.

## CO-OPERATION OF PARENTS.

The attendance of parents at medical inspections very considerably facilitates the work of the school medical officers and it is evident that parents are becoming increasingly interested, the percentage of attendance having risen within the last few years from 43 per cent. to 72 per cent. At the entrant inspections, the attendance of parents reached the high total of 87·6 per cent. For the intermediates and leavers' inspections it was 73 and 51 per cent. respectively.

Forty parents objected to the medical inspection of their children, representing ·9 per cent. of all children examined.

## CO-OPERATION OF TEACHERS.

Reference has been made in the past to the many ways in which the work of the school medical service is helped by the ready co-operation of the teachers. This help has been given unstintingly in the past year. Perhaps reference might be made to the additional demand on their services caused by the mid-day supply of milk to the scholars.

## CO-OPERATION OF SCHOOL WELFARE VISITORS.

There is a cordial co-operation between the school medical department and the welfare visitors whose help is particularly valuable in the investigation of crippling defects in children who may be absent from school for lengthened periods.

Moreover, any medical records which the welfare visitors obtain are available for the information of the school medical service. The prosecution of parents who have wilfully neglected to keep their children clean is carried out through the welfare department.

## CO-OPERATION OF VOLUNTARY BODIES.

The National Society for the Prevention of Cruelty to Children supplements the work of the Education committee in the case of children who might otherwise be neglected. During the year, 61 cases, affecting 150 school children, have come under the supervision of the society. Of this number, 39 were completed as satisfactory, while 22 were still under observation at the end of the year. No cases of neglect were referred by the local education authority.

The Red Cross orthopaedic fund also performs a very valuable function in assisting the provision of the necessary appliances for crippled children whose parents are unable to meet the costs and in encouraging such children to continue attendance at the orthopaedic clinics.

## BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

A weekly clinic conducted by Dr. Taylor is held for the purpose of examining all mentally and physically defective children. During the year, 69 such children referred by school medical officers, teachers and welfare visitors were examined with the results shewn in the following summary. Such of the cases as were found suitable were admitted to the various sections of the Whitley special school as vacancies occurred.

				Boys.		Girls.
Dull and backward	...	...	...	4	...	1
Feeble-minded	...	...	...	16	...	7
Imbecile	...	...	...	2	...	—
Physically defective	...	...	...	7	...	7
Phthisis and suspected phthisis	...	...	...	12	...	7
Non-pulmonary tuberculosis	...	...	...	3	...	—
Epileptic	...	...	...	1	...	1
Deaf and dumb	...	...	...	1	...	—
				—		—
				46		23
				—		—



## SPECIAL SCHOOLS.

I am indebted to Dr. Taylor for the following report on the work of the special schools :—

The general management of and the work in these schools has been carried out on the lines of previous years.

The accommodation is at times severely taxed.

In the mental school now there are 11 scholars on the books over the recognized accommodation, with a waiting list of children to be tested.

Hot water has been introduced into the classroom used by the youngest group of children in the school for mentally defectives. This has proved to be helpful. It would be an advantage if it could be extended so that all scholars might be able to wash in warm water. It is very necessary seeing that all departments remain in school for the mid-day and other meals.

The staff suffered a great loss in the death of Mr. Sloan who had taught shoe-repairing for a good number of years.

At Easter, Dr. J. A. P. Price, who had acted as medical officer to the school since its initiation, resigned his appointment. Much of the success of the school has been due to his skilled advice and to the interest which he displayed in all branches of the school's activities.

I am much indebted to Miss Hickson, the head mistress, and her energetic staff, for their kind assistance in my work at the school and in writing this report.

The number of children in attendance at the physically defective and the mentally defective schools was as follows :—

	Mentally. Defective School.		Physically. Defective School.		Open-air School.	
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
On roll January, 1930 ...	67	29	33	24	32	28
Admitted during the year ...	13	7	8	8	10	7
Left during the year ...	10	4	8	7	4	16
On roll December, 1930 ...	70	32	33	25	38	19

## LEAVERS.

The following record shows the destination of children who left the various schools during the year.

	Mentally. Defective School.		Physically. Defective School.		Open-air School.	
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
For employment (industrial) ...	8	2	4	2	1	1
For employment (domestic) ...	...	1	...	2	...	3
Returned to ordinary school ...	...	...	...	...	1	9
Too ill to attend ...	1	...	...	...	...	...
Left the district ...	1	...	1	1	1	2
Sent to an institution ...	...	...	...	...	...	...
Reported to Local Authority for care of mentally defective and kept under observation	...	1	...	...	...	...
Left for hospital treatment ...	...	...	...	...	...	...
Transferred to M.D. School ...	...	...	2	..	...	...
Left for Cripple Home ...	...	...	...	1	...	...
Deceased ...	...	...	1	1	...	...
Left unfit for employment ...	...	...	...	...	...	...
Sent to Sanatoria ...	...	...	...	...	1	...
Transferred to P.D. School ...	...	...	...	...	...	1

## PHYSICALLY DEFECTIVE SCHOOL.

There have been 73 children in attendance at this school during the year with the following disabilities.

Cardiac ...	...	...	...	19
Paralysis—(a) Birth ...	...	...	...	10
„ (b) Infantile ...	...	...	...	9
„ (c) Pseudo hypertropic ...	...	...	...	1
Tuberculosis (osseous) ...	...	...	...	5
Deformities (congenital talipes, etc.) ...	...	...	...	16
Epilepsy (minor) ...	...	...	...	2
Other defects ...	...	...	...	11

All the cases of paralysis and deformity have been under treatment at the Royal Berkshire or London hospitals. Twenty-six are at present in attendance as out-patients at the former hospital.

## MENTALLY DEFECTIVE SCHOOL.

One hundred and sixteen children have attended during the year. An inquiry is made into the family history of each of these children which so far as it can be ascertained tends to throw light in many cases on the cause of the mental defect. The inquiry revealed in parents, grandparents, or other near relatives a history of :—

Tuberculosis ...	...	...	...	3
Alcoholism ...	...	...	...	2
Backwardness ...	...	...	...	18
Epilepsy ...	...	...	...	4
Dementia and amentia... ..	...	...	...	32
Not known or normal ...	...	...	...	57



Of those children whose antecedent histories are recorded as not known or normal, brothers and sisters were in many instances feeble-minded and had been pupils at this school in the past.

In addition to their mental defect, many of the children suffer from marked physical disability as shown :—

Defective speech or hearing	...	...	18
Defective vision (including squint)	...	...	16
Mouth breathers	...	...	10
Infantile paralysis and deformities			6
Congenital heart disease	...	...	2
Moral defect	...	...	1

### THE OPEN AIR SCHOOL.

There have been 42 boys and 35 girls in attendance at this school during the year. All of these children have been examined and recommended by Dr. Minkley, the tuberculosis medical officer, and are kept under his supervision during the period of their stay at the school. Charts of temperature and of height and weight are kept for all the children, and breakfasts, dinners, teas and a pint of "Grade A" milk are provided daily for each. Malt and cod liver oil are also given.

### AFTER-CARE TABLE.

		Mentally Defective School.		Physically Defective School.		Open-Air School.	
		Boys	Girls	Boys	Girls	Boys	Girls
1	Number of children who have left school since 1910	173	112	107	114	152	141
2	Number who—						
	(a) have since died	11	11	12	18	4	3
	(b) are known to be incapable by reason of mental or physical defect of undertaking employment	3	9	3	7	..	...
	(c) are in attendance at an—						
	(1) Institution for further education	11	16	5	5	...	...
	(2) The occupation centre	11	12	..	...	...	...
	(d) are in any other institution	10	4	2	...	...	...
	(e) Transferred to sanatoria	...	...	...	...	3	3
	(f) Left for hospital treatment	...	...	...	2	1	1
3.	Number who are employed in—						
	(a) Industrial or manual occupations	80	28	15	13	25	26
	(b) Agricultural or rural occupations	...	...	3	1	6	...
	(c) Domestic occupation, including those who are helping in the domestic work at home	1	10	2	16	3	28
	(d) Commercial, professional or clerical work	...	...	5	5	8	6
	(e) Blind alley or other precarious occupations	...	...	5	...	9	...
	(f) Married and remaining at home	...	3	...	12	...	6
4.	Number who have left the neighbourhood whose after-careers have not been traced	19	10	22	12	13	16
5.	In the services or pensioned	7	...	...	...	3	...
6.	Transferred to ordinary schools	...	...	14	5	57	32
7.	Transferred to other special schools	..	1	7	10	6	5
8.	Children unfit to attend school	8	1	8	7	8	12
9.	Unemployed	12	7	4	1	6	2
10.	Too irregular to benefit	...	...	...	...	...	1
Totals		173	112	107	114	152	141

## SECONDARY SCHOOLS.

The results of the examinations of the Reading school and the Kendrick girls' school are set out in the table on page 105. It will be seen that the main defects to which attention is drawn in both schools are carious teeth and errors of refraction. Attention has also been given to minor deformities, the result chiefly of defective carriage and to conditions of sub-nutrition arising from insufficient rest.

Re-inspections were carried out at both schools and in the majority of cases treatment had already been provided or arranged. Dental treatment was provided for 12 boys and 13 girls at the education committee's clinic and 10 boys and 21 girls attended the ophthalmic clinic.

## EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

In accordance with the bye-laws, 208 boys engaged in the distribution of milk or newspapers were examined at the clinic and 57 boys engaged in other occupations were examined in the schools. Four of the children were found unfit for employment. All employed children are kept under supervision and are weighed periodically in the schools. Twenty-two employers were interviewed with regard to their employing boys beyond the legal number of hours, and six were prosecuted, of whom four were fined and the others ordered to pay costs.

A medical report of each of the "leavers" is recorded on the cards of the juvenile employment bureau.

## MISCELLANEOUS.

Six pupil teachers and 72 scholarship candidates were examined. Seven boys were examined for admission to the "Warspite" training ship. Of these, six were considered suitable on medical grounds for admission and one unsuitable. Four of the applicants were successful in passing the final medical examination and were admitted to the "Warspite" training ship.

TABLE I.

### A. Routine Medical Inspections.

Number of code group inspections :—

Entrants	...	...	...	...	...	...	1,436
Intermediates	...	...	...	...	...	...	1,560
Leavers	...	...	...	...	...	...	1,066
							<hr/>
Total							... 4,062
							<hr/>

Number of other routine inspections ... 89

### B. Other Inspections.

Number of special inspections	...	...	...	...	1,533
Number of re-inspections	...	...	...	...	6,351
					<hr/>
Total					... 7,884
					<hr/>



TABLE II.

A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION  
IN THE YEAR ENDED 31st DECEMBER, 1930.

Defect or Disease.						Routine Inspections. No. of Defects.		Specials. No. of Defects	
						Requiring treatment.	Requiring to be kept under observation, but not referred for treatment.	Requiring treatment.	Requiring to be kept under observation, but not referred for treatment.
(1)						(2)	(3)	(4)	(5)
Malnutrition						1	224	7	5
Uncleanliness (see table IV., group V.)						...	...	...	...
Skin	{	Ringworm	{ Scalp	...	...	4	...	36	...
			{ Body	...	...	1	...	36	...
		Scabies	..	...	...	...	...	9	...
		Impetigo	..	...	...	8	...	155	...
Other Diseases (Non-tuberculous)						36	1	71	1
Eye	{	Blepharitis	...	...	...	30	1	16	...
		Conjunctivitis	...	...	...	2	...	25	...
		Keratitis	...	...	...	1	...	2	...
		Corneal Opacities	...	...	...	...	...	...	...
		Defective Vision (excluding squint)	...	...	...	149	202	54	9
		Squint	...	...	...	23	40	5	...
		Other Conditions	..	...	...	5	1	27	3
Ear	{	Defective Hearing	..	...	...	49	8	17	...
		Otitis Media	...	...	...	26	5	50	...
		Other Ear Diseases	..	...	..	1	1	11	1
Nose and Throat	{	Enlarged Tonsils only	...	...	...	30	150	20	3
		Adenoids only	...	...	...	1	4	2	1
		Enlarged Tonsils and Adenoids	...	...	...	35	23	8	2
		Other Conditions	...	...	...	61	29	39	...
Enlarged Cervical Glands (non-tuberculous)						...	1	14	...
Defective Speech						5	5	1	...
Teeth—Dental Diseases (see table IV., group IV )						161	...	16	...
Heart and Circulation	{	Heart Disease :—Organic	...	...	...	1	19	2	2
		Functional	...	...	...	...	8	..	1
		Anæmia	...	...	...	2	1	3	...
Lungs	{	Bronchitis	...	...	...	1	...	...	...
		Other Non-Tuberculous Diseases	...	...	...	7	12	1	...
Tuberculosis	{	Pulmonary :—	Definite	...	...	...	...	2	...
			Suspected	...	..	5	3	1	...
		Non-Pulmonary :—Glands	...	..	1	...	3	...	
			Spine	...	...	1	...	...	...
			Hip	...	...	..	1	...	...
			Other Bones and Joints	...	...	...	...	1	...
			Skin	...	...	1	...	..	...
			Other forms	...	...	...	...	1	...
Nervous System	{	Epilepsy	...	...	..	...	1	1	...
		Chorea	...	...	...	1	...	11	...
		Other Conditions	...	...	...	2	6	...	...
Deformities	{	Rickets	...	...	...	...	...	...	...
		Spinal Curvature	...	...	...	...	...	1	...
		Other Forms...	...	...	..	11	40	...	3
Other Defects or Diseases						43	19	733	13

TABLE II. (*continued*)

**B. Number of *Individual Children* found at Routine Medical Inspection to require Treatment (excluding Uncleanliness and Dental Diseases).**

Group. (1)	Number of Children.		Percentage of children found to require treatment. (4)
	Inspected. (2)	Found to require treatment. (3)	
Code Groups—			
Entrants ... ..	1436	129	9.0
Intermediates ... ..	1560	220	14.1
Leavers ... ..	1066	120	11.3
Total (Code Groups) ... ..	4062	469	11.5
Other routine inspections ... ..	89	10	11.2



TABLE III. Return of all Exceptional Children in the Area.

			Boys.	Girls.	Total.
Blind (including partially blind).	(i) Suitable for training in a School or Class for the totally blind.	Attending Certified Schools or Classes for the Blind ... ..	3	...	3
		Attending Public Elementary Schools	...	...	...
		At other Institutions ... ..	...	...	...
		At no School or Institution ... ..	...	...	...
	(ii) Suitable for training in a School or Class for the partially blind.	Attending Certified Schools or Classes for the Blind ... ..	...	...	...
		Attending Public Elementary Schools (including Whitley Special School)	...	...	...
		At other Institutions ... ..	...	...	...
		At no School or Institution ... ..	...	...	...
Deaf (including deaf and dumb and partially deaf).	(i) Suitable for training in a School or Class for the totally deaf or deaf and dumb.	Attending Certified Schools or Classes for the Deaf ... ..	5	5	10
		Attending Public Elementary Schools (including Whitley Special School) ...	...	...	...
		At other Institutions ... ..	...	...	...
		At no School or Institution ... ..	1	...	1
	(ii) Suitable for training in a School or Class for the partially deaf.	Attending Certified Schools or Classes for the Deaf ... ..	...	...	...
		Attending Public Elementary Schools (including Whitley Special School)	...	...	...
		At other Institutions ... ..	...	...	...
		At no School or Institution ... ..	...	...	...
Mentally Defective.	Feeble-minded (cases not noti- fiable to the Local Control Authority).	Attending Certified Schools for Mentally Defective Children ... ..	70	29	99
		Attending Public Elementary Schools	...	...	...
		At other Institutions ... ..	1	3	4
		At no School or Institution ... ..	1	...	1
	Notified to the Local Control Authority during the year.	Feeble-minded ... ..	1	1	2
		Imbeciles ... ..	2	1	3
Idiots ... ..		...	...	...	
Epileptics.	Suffering from severe epilepsy	Attending Certified Special Schools for Epileptics ... ..	...	2	2
		In Institutions other than Certified Special Schools ... ..	...	...	...
		Attending Public Elementary Schools	...	...	...
		At no School or Institution ... ..	...	3	3
	Suffering from epilepsy which is not severe.	Attending Public Elementary Schools (including Whitley Special School)	...	4	4
		At no School or Institution ... ..	...	...	...

TABLE III. (*continued*).

			Boys.	Girls.	Total.
Physically Defective.	Infectious pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ... .. At other Institutions ... .. At no School or Institution ... ..	... ... ...	... ... ...	... ... ...
	Non-infectious but active pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ... .. At Certified Residential Open-Air Schools ... .. At Certified Day Open-Air Schools ... At Public Elementary Schools ... At other Institutions ... .. At no School or Institution ... ..	... 1 9 ... ... 3	2 1 1 ... 1 6	2 2 10 ... 1 9
Physically Defective (cont.)	Delicate children (e.g., pre-or latent tuberculosis, malnutrition, debility, anaemia, etc.)	At Certified Residential Open-Air Schools ... .. At Certified Day Open-Air Schools ... At Public Elementary Schools ... At other Institutions ... .. At no School or Institution ... ..	... 29 51 ... 2	... 18 42 ... 3	... 47 93 ... 5
	Active non-pulmonary tuberculosis.	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board ... .. At Public Elementary Schools ... At other Institutions ... .. At no School or Institution ... ..	2 ... 1 3	2 ... ... 4	4 ... 1 7
	Crippled children (other than those with active tuberculous disease), e.g., children suffering from paralysis, etc., and including those with severe heart disease.	At Certified Hospital Schools ... At Certified Residential Cripple Schools ... At Certified Day Cripple Schools ... At Public Elementary Schools ... At other Institutions ... .. At no School or Institution ... ..	... 1 33 15 1 5	... ... 25 14 1 1	... 1 58 29 2 6

TABLE IV.

Return of Defects treated during the Year  
ended 31st December, 1930.

## TREATMENT TABLE.

## Group I.—Minor Ailments

(excluding Uncleanliness, for which see Group V.).

Disease or Defect.  (1)	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise (3)	Total. (4)
Skin :—			
Ringworm—Scalp ... ..	26	16	42
Ringworm—Body ... ..	26	11	37
Scabies ... ..	9	...	9
Impetigo ... ..	143	20	163
Other Skin Disease ... ..	52	55	107
Minor Eye Defects :— (External and other, but excluding cases falling in Group II.) ... ..	51	25	76
Minor Ear Defects ... ..	86	68	154
Miscellaneous :— (e.g., minor injuries, bruises, sores, chilblains, &c.)	545	215	760
Total ...	938	410	1348

Group II.—Defective Vision and Squint (excluding Minor Eye Defects  
treated as Minor Ailments—Group I.).

Defect or disease.  (1)	Number of defects dealt with.			
	Under the Authority's scheme. (2)	Submitted to refraction by private practitioner or at hospital, apart from the Authority's scheme. (3)	Otherwise. (4)	Total. (5)
Errors of Refraction (including Squint) (operations for Squint should be recorded separately in the body of the report).	599	2	...	601
Other Defect or Disease of the Eyes (excluding those re- corded in Group I.) ...	10	3	...	13
Total ...	609	5	...	614

Total number of children for whom spectacles were prescribed :—

(a) Under the Authority's scheme ... .. 283

(b) Otherwise ... .. 2

Total number of children who obtained or received spectacles :—

(a) Under the Authority's scheme ... .. 293

(b) Otherwise ... .. 2



### Group III.—Treatment of Defects of Nose and Throat.

Number of Defects.				
Received Operative Treatment.				
Under the Authority's Scheme, in Clinic or Hospital. (1)	By Private Practitioner or Hospital, apart from the Authority's Scheme. (2)	Total. (3)	Received other forms of Treatment. (4)	Total number treated. (5)
18	74	92	51	143

### Group IV.—Dental Defects.

(1) Number of children who were :—

(a) Inspected by the dentist.

Aged :—

Age Groups	5	...	11	} Total—1,878
	6	...	315	
	7	...	253	
	8	...	311	
	9	...	323	
	10	...	245	
	11	...	110	
	12	...	116	
	13	...	148	
	14	...	38	
	15	...	8	

Specials ... .. 810

Grand Total 2,688

(b)	Found to require treatment	...	...	...	...	2240
(c)	Actually treated	...	...	...	...	2315
(2)	Half-days devoted to	{ inspection	20 }	Total	...	402
		{ treatment	382 }			
(3)	Attendances made by children for treatment				...	4612
(4)	Fillings	{ permanent teeth	1193 }	Total	...	1217
		{ temporary teeth	24 }			
(5)	Extractions	{ permanent teeth	826 }	Total	...	5851
		{ temporary teeth	5025 }			
(6)	Administration of general anaesthetics for extractions					—
(7)	Other operations	{ permanent teeth	118 }	Total	...	128
		{ temporary teeth	10 }			

### Group V.—Uncleanliness.

(a) Average number of visits per school made during the year by the school nurses	...	...	...	...	6
(b) Total number of examinations of children in the schools by school nurses	...	...	...	...	35,224
(c) Number of individual children found unclean	...	...	...	...	3,533
(d) Number of children cleansed under arrangements made by the local education authority	...	...	...	...	114
(e) Number of cases in which legal proceedings were taken—					
(i) Under the Education Act, 1921	...	...	...	...	1
(ii) Under school attendance bye-laws	...	...	...	...	—

TABLE V.

RETURN OF DEFECTS FOUND IN THE COURSE OF MEDICAL  
INSPECTION IN 1930. SECONDARY SCHOOLS.

Number Examined ...				READING BOYS' SCHOOL.		KENDRICK GIRLS' SCHOOL.	
				211		171	
Defect or Disease.				Number referred for		Number referred for	
				Treatment.	Observation.	Treatment.	Observation.
Underweight	...	...	...	21	...	15	
Uncleanliness	{	Head...	...	...	...	...	
		Body..	...	...	...	...	
Skin	{	Ringworm	{	Head	...	...	
				Body	...	...	
		Scabies	...	...	...	...	
		Impetigo	..	...	...	...	
		Other Disease (Non-tub.)	.	...	...	...	
Eye	{	Blepharitis	...	2	...	...	
		Conjunctivitis	..	...	...	...	
		Keratitis	...	...	...	...	
		Corneal Ulcer	..	...	...	...	
		Corneal Opacities	...	...	...	...	
		Defective Vision	...	8	22	6	29
		Squint	...	...	1	...	...
		Other Conditions	..	...	...	...	...
Ear	{	Defective Hearing	...	2	1	4	...
		Otitis Media...	...	1	...	...	..
		Other Ear Disease	...	...	...	...	...
Nose and Throat	{	Enlarged Tonsils	...	1	3	1	1
		Adenoids	...	...	...	..	..
		Enlarged Tonsils & Adenoids	...	...	1	...	...
		Other Conditions	...	4	4	4	...
Enlarged Cervical Glands (non-tuber.)				...	...	...	...
Defective Speech				...	...	.	...
,, Teeth				40	...	37	...
Heart and Circulation	{	Organic	...	...	2	...	...
		Functional	...	...	3	...	...
		Anæmia	..	...	...	...	..
Lungs	{	Bronchitis	...	...	...	...	...
		Other non-tuber. disease	...	...	5	...	...
Tuberculosis	{	Pulmonary :—Definite	...	...	..	...	...
			Suspected...	...	...	...	1
		Non-Pulmonary :—Glands	...	...	1	...	...
			Spine	...	...	...	...
			Hips...	...	...	...	..
		Other bones and joints	...	...	..	...	...
		Skin	...	...	...	...	...
Other forms	...	..	...	...	...		
Nervous System	{	Epilepsy	...	...	...	...	...
		Chorea	...	...	...	...	..
		Other Conditions	..	...	...	...	1
Deformities	{	Rickets	...	...	...	...	...
		Spinal curvature	..	...	...	..	...
		Other Forms	..	3	11	5	3
Other Defect or Disease				2	...	4	3

TABLE 307/M.

**Mental Deficiency (Notification of Children) Regulations, 1928**

Statement of the number of children notified during the year ended 31st December, 1930, by the Local Education Authority to the Local Mental Deficiency Authority.

Diagnosis.						Boys.	Girls.
1.—(i) Children incapable of receiving benefit or further benefit from instruction in a Special School :—							
(a)	Idiots	...	...	...	...	—	—
(b)	Imbeciles	...	...	...	...	2	1
(c)	Others	...	...	...	...	—	—
(ii) Children unable to be instructed in a Special School without detriment to the interests of other children ... :—							
(a)	Moral defectives	...	...	...	...	—	1
(b)	Others	...	...	...	...	—	—
2. Feeble-minded children notified on leaving a Special School on or before attaining the age of 16 ... ..						1	—
3. Feeble-minded children notified under Article 3, <i>i.e.</i> , “ special circumstances ” cases ... ..						—	—
<i>Note.</i> —No child should be notified under Article 3 until the Board have issued a formal certificate (Form 308 M) to the Authority.							
4. Children who in addition to being mentally defective were blind or deaf ... ..						—	—
<i>Note.</i> —No blind or deaf child should be notified without reference to the Board—see Article 2, proviso (ii)							
Number of children notified ... ..						3	2